

Student Health Partnership

Student Health Initiative

Planning Guide
2000/2001

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Health



Alberta Children's
Initiative

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Student Health Initiative

February 2000

STUDENT HEALTH INITIATIVE PARTNERS

- School Jurisdictions
- Regional Health Authorities
- Child and Family Services Authorities
- Regional Offices of the Alberta Mental Health Board
- Charter Schools, Private Schools, Private ECS Operators

On behalf of the provincial government partners, we are pleased to provide you with the following information to assist you with the successful implementation of the second year of the Student Health Initiative in your community:

- *Student Health Partnership Planning Guide: 2000/2001*
- list of charter schools, private schools and private ECS operators
- matrix of authority boundaries.

The 2000/2001 student health funding allocations are not yet available. These funds are expected to be pooled by the Student Health Partnerships to deliver health and related support services to children and students within the partnerships' boundaries. This information will be finalized in the near future and forwarded immediately.

It will be helpful to note the following in the attached *Planning Guide*:

- New points are highlighted in text boxes in the left margins.
- To clarify certain words used in the text, definitions appear in the left margins.
- Eligible costs, with respect to human resources (program delivery) and partnership administration costs, are defined more clearly and provide greater flexibility for partnerships to support the delivery of student health services (p. 8).
- This will be the last year that the information on baseline commitment for expenditure on student health services (1998/1999 school year information) is being requested. The same Form 1 from last year can be submitted this year, or a more accurate Form 1 can be submitted (p. 5, p. 14, p. 20). A careful review of this *Planning Guide* will assist in understanding which student health services should be included in the baseline commitment.
- Appendix E has been added - Special Education Data Definitions.
- Appendix F has been added - Frequently Asked Questions. Also, Question 3 (pages 30-32) regarding First Nations students contains new information provided by the Federal Department of Indian Affairs and Northern Development.
- Student Health Partnership Service Plan submissions are due **May 31, 2000**.

We appreciate your ongoing commitment to collaborative work in Student Health Partnerships to enhance the access and delivery of integrated health services for children with special health needs who are registered with Alberta Learning in educational programs.

Verlie Gilligan, Provincial Student Health Coordinator continues to be available to support your efforts to plan and implement your Student Health Partnership service plan. Please contact her for any assistance you may require.



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Message from the Provincial Government Partners

The provincial government partners in the Student Health Initiative — Learning, Health and Wellness, Children's Services and the Alberta Mental Health Board — are pleased with the progress, at the community and regional level, toward our shared goal of better, more integrated and accessible health and related support services for children with special health needs registered in school programs.

Since the launch of the Student Health Initiative in March 1999, Student Health Partnerships have formed across the province to develop service plans focused on helping children with special health needs to participate fully in education programs to attain their potential and be successful at learning. All Student Health Partnerships submitted service plans that met provincial requirements and received funding allocations to support plan implementation for the 1999/2000 school year.

We commend the student health partners for quickly developing service plans for the first year of the initiative. The vision, principles, goals and strategies of all the Student Health Partnership service plans and the partnership approaches used to put these together bode well for meeting the challenges of children with special health needs.

The Student Health Initiative reflects the shared accountability of government and community partners for the goals of the *Alberta Children's Initiative: Agenda for Joint Action* to ensure our children are well cared for, safe, successful at learning, and healthy. Together we are making a difference for the future of Alberta's children.

Table of Contents

1. STUDENT HEALTH INITIATIVE	1
1.1 BACKGROUND	1
1.2 PURPOSE	2
1.3 STUDENT HEALTH INITIATIVE PRINCIPLES	3
1.4 STUDENT HEALTH PARTNERSHIP	3
2. STUDENT HEALTH FUNDING	4
2.1 ACCESSING STUDENT HEALTH FUNDING	5
• <i>Maintaining 1998/1999 Levels of Expenditure</i>	5
• <i>Release of Funds</i>	5
2.2 ELIGIBLE HEALTH SERVICES AND COSTS	6
• <i>Eligible Service Categories</i>	6
• <i>Types of Eligible Services</i>	7
• <i>Eligible Service Providers</i>	7
• <i>Eligible Costs</i>	8
• <i>Ineligible Service Categories</i>	8
• <i>Ineligible Costs</i>	8
3. STUDENT HEALTH PARTNERSHIP SERVICE PLAN	9
3.1 REQUIRED COMPONENTS	9
• <i>Statement of Accountability</i>	10
• <i>Student Health Partnership Profile</i>	10
• <i>Student Health Needs</i>	11
• <i>Service Priorities</i>	11
• <i>Goals</i>	11
• <i>Performance Measures and Targets</i>	11
• <i>Strategies</i>	12
• <i>Financial Plan</i>	13
3.2 DEVELOPMENT AND SUBMISSION	15
3.3 SUPPORT TO STUDENT HEALTH PARTNERSHIP ...	15
3.4 REVIEW AND APPROVAL	15
4. STUDENT HEALTH PARTNERSHIP ANNUAL REPORT FOR 2000/2001	16
4.1 REQUIRED COMPONENTS	16
• <i>Statement of Accountability</i>	16
• <i>Progress (descriptive)</i>	17
• <i>Results (numeric and analytic)</i>	17
• <i>Continuous Improvement</i>	18
• <i>Financial Summary</i>	18

4.2 DEVELOPMENT AND SUBMISSION	18
4.3 REVIEW	18

APPENDICES

A. REQUIRED COMPONENTS OF THE STUDENT HEALTH PARTNERSHIP SERVICE PLAN.....	19
B. FORM 1: STUDENT HEALTH SERVICES FINANCIAL PLANNING REPORT	20
C. FORM 2: STUDENT HEALTH PARTNERSHIP CONSOLIDATED FINANCIAL PLANNING REPORT	21
D. FORM 3: STUDENT HEALTH PARTNERSHIP CONSOLIDATED ANNUAL FINANCIAL REPORT	22
E. SPECIAL EDUCATION DATA DEFINITIONS	23
F. STUDENT HEALTH INITIATIVE FREQUENTLY ASKED QUESTIONS.....	30

1. Student Health Initiative

1.1 BACKGROUND

The *Government of Alberta Business Plan 1999–2002* includes the goal that "Our children will be well cared for, safe, successful at learning and healthy." One strategy under this goal is to provide integrated health and related support services in schools to students with special health needs.

Integration

Communication, cooperation, coordination and collaboration by partners and service providers to ensure barrier-free access to services and resources by children and families.

Integrated service delivery is essential to support the health and well-being of children. *Integration* at the community, regional and provincial levels means that children and families experience easy access to services, resources and supports. To effectively plan and integrate services, there must be communication, cooperation, coordination and collaboration among service providers, parents, stakeholders and government ministries.

Since the Student Health Initiative was announced in March 1999, organizations worked quickly to establish partnerships and develop service plans. Twenty-five Student Health Partnerships formed for the 1999/2000 school year. The partnerships' service plans broadly identified the needs of their students and priorities for services, goals, measures, targets and strategies. The top two priorities identified by all Student Health Partnerships were emotional/behavioural supports and speech-language therapy.

The Student Health Initiative's budget of \$25.6 million was allocated to the partnerships to provide a range of health and related support services to students with special health needs.

The smaller school authorities — charter schools, private schools, private Early Childhood Services (ECS) operators — have been joining Student Health Partnerships and are expected to be full participants for the 2000/2001 school year.

The interministry Student Health Provincial Working Group continues to address implementation issues with input from Student Health Partnerships. This 2000/2001 *Planning Guide* has been revised to reflect that input.

1.2 PURPOSE

The Student Health Initiative is a joint endeavour of the provincial government partners of Learning, Health and Wellness, Children's Services and the Alberta Mental Health Board to support the planning, delivery and evaluation of student health services by Student Health Partnerships.

The purpose of the Student Health Initiative is to enhance the provision of a range of integrated health and related support services for identified children with special health needs registered in school programs and improve access to these services. The Student Health Partnerships will help these children to participate fully in education programs to attain their potential and be successful at learning.

In the Student Health Initiative, children with special health needs are those children who:

- have physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions, emotional/behavioural disabilities **and**
- are registered with Alberta Learning in school programs from Early Childhood Services (ECS) to Grade 12.

Students and children eligible to receive student health services are those who are registered with Alberta Learning in any of the following:

- public school program (provided by public or separate school jurisdictions, or charter schools)
- private school programs
- private ECS operator programs
- institutional education programs
- homebound programs and home schooling programs
- alternative programs, such as virtual, blended, and outreach (see Appendix F, Question 17, page 38).

For information about First Nations students see Appendix F, Question 3, pages 30–32.

Identified Children with Special Health Needs

Not all children with special health needs are "coded" or identified, based on the Special Education Data Definitions of Alberta Learning (see Appendix E, pages 23–29).

Early Childhood Services

A child's eligibility for ECS is determined by the child's age on September 1 in the program year in which the child is attending.

- In the case of a regular program, the age is 4 years and 6 months.
- In the case of a child with a mild/moderate disability, the age is 3 years and 6 months.
- In the case of a child with a severe disability, the age is 2 years and 6 months.

See Appendix F, Question 19, page 39 for details on funding provided by Alberta Learning to approved ECS operators for ECS children with special needs.

Student health services include, but are not limited to:

- rehabilitation (speech-language therapy, occupational therapy, physical therapy, audiology and respiratory therapy)
- nursing
- emotional/behavioural supports; e.g., psychological, social work, family/school liaison and behavioural intervention.

1.3 STUDENT HEALTH INITIATIVE PRINCIPLES

Government endorses the following principles to guide the planning, delivery and funding of student health services.

- Children with special health needs receive the health and related support services they need to participate fully in education programs to attain their potential and be successful at learning.
- Children and families are involved in decisions regarding the provision of student health services.
- Student health services involve joint planning, collaboration and flexibility at all levels.
- Student health services are based on assessed needs and provided to achieve specific results.
- Alberta Learning, Health and Wellness, and Children's Services will ensure resources are available for student health services.
- Student Health Partnership service plans at the local level must commit to 1998/1999 levels of expenditures (baseline) for student health and show how student health and baseline funding are consolidated to provide student health services.
- Student health services are organized to make the most efficient and effective use of student health and baseline resources.
- School authorities, regional health authorities, regional offices of the Alberta Mental Health Board, and child and family services authorities share accountability for student health services.

Student Health Partnership

Changes to the partners in a Student Health Partnership can be made for each year that a service plan is submitted for funding.

If, for the 2000/2001 school year, a partner chooses to leave one Student Health Partnership to join a different partnership, the partner must still fulfill the reporting requirements for the submission of the 1999/2000 Student Health Partnership Annual Report by November 1, 2000.

1.4 STUDENT HEALTH PARTNERSHIP

The Student Health Initiative supports communities in their efforts to build better integrated and more accessible services and supports for children with special health needs registered in school programs.

Each Student Health Partnership **must** include the following:

- public school jurisdictions
- regional health authorities
- regional offices of the Alberta Mental Health Board
- child and family services authorities **and**
- other school authorities (such as charter schools, private schools and private ECS operators) within the geographic area of the partnership.

It is expected that the partnership will facilitate involvement of parents and other stakeholders, in the development of a Student Health Partnership service plan.

The Student Health Partnership service plan identifies local priorities and describes how the partnership plans to:

- improve access to and the provision of integrated health and related support services for children with special health needs registered in school programs
- help ensure that children with special health needs are able to participate fully in education programs to attain their potential and be successful at learning.

Joint Management

Shared responsibility for partnership decisions and actions (with no single partner taking a dominant role).

Student Health Partnerships incorporate the following:

- shared vision
- open and clear communication
- *joint management*
- equal accountability and risk sharing
- continuous improvement.

Funding Allocation Model

- Distributes funding according to school authority enrolments on a school-year basis.
- 2000/2001 funding allocation model will be the same as the 1999/2000 model (refer to *Planning Guide 1999/2000* for complete details).
- 2000/2001 funding allocations will be based on the September 30, 1999 student registration information submitted to Alberta Learning. ECS funding allocations will be based on June 30, 1999 student registration information.
- Funding allocations for the 2000/2001 school year will not change.

2. Student Health Funding

The Student Health Initiative provides \$25.6 million annually to enhance the provision of a range of integrated student health services so children with special health needs are better able to learn at school. The funding is separate from the education funding provided to school authorities for students with special needs, as described in Alberta Learning's *Funding Manual for School Authorities*.

Pooled/Shared Resource

Resources allocated to and used by the partnership as a whole. As resources for a common purpose, they do not belong to any one partner.

2.1 ACCESSING STUDENT HEALTH FUNDING

Alberta Learning, on behalf of the provincial government partners, allocates the student health funding through school authorities, according to school authority enrolments, on a school-year basis. The funding allocation is only accessed when partners join together in a Student Health Partnership. The student health funding must be *pooled* and used as a *shared resource* by the partnership to address priority student health needs as identified in the Student Health Partnership service plan.

All partners are expected to be involved in decisions relating to the distribution of the pooled funding, based on the approved Student Health Partnership's service plan.

Maintaining 1998/1999 Levels of Expenditure (Baseline)

Each partner in a partnership identifies and commits to maintain its **1998/1999 level of expenditure** (baseline) for student health services.

- ECS operators, who are serving fewer than 25 ECS children or who are serving five or fewer children with Program Unit Funding, are not expected to commit to maintaining their 1998/1999 levels of expenditure (baseline) on student health services.
- Student Health Partnerships should be reasonable in their expectations of partners who have fluctuating sources of dollars that are directed to individual children and are not part of the funding base.

Each partner is required to maintain its 1998/1999 level of expenditure (baseline) on student health services. However, the types and levels of services and supports offered by a partner may change as a result of the Student Health Partnership service plan. The partnership can discuss different ways of addressing student health needs with their baseline resources.

Release of Funds

Upon government's approval of the Student Health Partnership service plan, Alberta Learning releases the student health funding allocation to the school jurisdiction designated by the partnership as the "banker" to receive and administer the funds allocated on behalf of the partnership.

Government approval of release of the student health funding is contingent upon joint commitment of all partners in the Student Health Partnership to:

- use the funding for health and related support services for children, with identified special health needs registered in school programs, to be successful at learning
- maintain 1998/1999 levels of expenditure (baseline) on student health services, with the flexibility for partners to allocate other funds to support integrated student health services
- consolidate student health and baseline resources to improve the provision of student health services
- report annually on achievement of results and the allocation of student health funding
- use any student health surplus funds for student health services only
- jointly manage student health services, at the local level, based on the approved Student Health Partnership service plan.

2.2 ELIGIBLE STUDENT HEALTH SERVICES AND COSTS

Eligible Student Health Services for Identified Students with Special Health Needs

An eligible service provider, from an eligible service category, provides one or more types of service for an identified student with a special health need. Together, these constitute an eligible student health service when they are delivered to assist the student to be successful at learning.

Eligible service providers from the following eligible service categories may be involved in providing several aspects of service. The service categories and types of eligible services and service providers are used in combination and are not mutually exclusive.

For example, a speech-language pathologist may provide assessment, consultation, program development, inservicing, supervision, monitoring and evaluation, service coordination and case-conferencing as elements of intervention with an identified student with a special health need to enable the student to be successful at learning.

Student health services should recognize cultural diversity and be provided in a culturally appropriate manner.

Eligible Service Categories

- speech-language therapy
- physical therapy
- occupational therapy
- audiology
- respiratory therapy
- nursing
- emotional/behavioural supports; e.g., psychological, social work, family/school liaison, behavioural intervention.

Types of Eligible Services

- assessment
- consultation
- program development
- direct therapy
- counselling for emotional/behavioural issues
- program implementation
- case conferencing
- service coordination
- referral and follow-up
- monitoring and evaluation
- family/school liaison
- services provided in the summer, where identified as necessary in the student's documented service plans; e.g., care plan, treatment plan or case plan
- inservicing and/or supervision*.
 - * In order to be an eligible student health service, inservicing and/or supervision must be provided to a person who is working directly with identified students with special health needs. For example:
 - inservicing teachers about asthma, where there are identified students in their classrooms with these conditions, is an eligible student health service
 - inservicing the classroom team on behaviour management, when that team works directly with identified students with behavioural issues, is an eligible student health service
 - providing information sessions to parents of children identified with special health needs, when it is intended to help their children be successful at learning, is an eligible health service
 - a school-wide inservicing on language development is **not** an eligible student health service.

Teachers as Non-eligible Service Providers

When a teacher is working in the role/capacity of a teacher, that is to provide instruction to students, then a teacher is not an eligible service provider. See Appendix F, Question 15, page 37.

Eligible Service Providers

Student Health Partnerships work to provide better, more integrated services which involve multidisciplinary approaches using service providers with various expertise. These service providers include:

- professional staff trained in a specific discipline; e.g., psychologist, physical therapist
- paraprofessionals trained in a specific field and working with many students under the direction of professional staff; e.g., speech-language assistant

- teaching assistants working under the direction of professional staff with students with special health needs and implementing program plans developed by professional staff.

Eligible Costs

- human resources (costs directly related to the program delivery of student health services such as: salary/contract, employee benefits, administrative support personnel, travel, training, clinical supervision, and client-centered evaluation processes)
- Student Health Partnership administration (costs associated with partnership administration such as: administrative support personnel, accounting and reporting, travel costs for partnership meetings, partnership management, and brochures).

The funding for the Student Health Initiative includes a component for Student Health Partnership administration costs equivalent to 4.5 per cent of the total funding allocation. Partnership administration costs exceeding the 4.5 per cent allocation must be borne by the partnership.

Ineligible Service Categories

- population or public health services intended to benefit all students, not just those with identified special health needs; e.g., immunization, dental health, reproductive health
- broad-based prevention programs not directed to identified students with special health needs; e.g., school-wide bullying program or classroom-wide language development program
- services for which being successful at learning is not the primary goal.

Ineligible Costs

- construction/purchase of land or buildings
- rental/lease of space
- office furnishings/equipment for staff
- technical aids, adaptive equipment/devices for students
- school food programs
- child care costs
- transportation costs for students*.
 - * Student Health Partnerships are encouraged to plan student health services in ways that meet needs in the school or local community. Costs to transport students, where it is not possible to bring the service to the student, are **not** eligible under the Student Health Initiative.

Partnership Administration Funding

Partnership administration funding is a shared resource among all partners in the Student Health Partnership.

3. Student Health Partnership Service Plan

Joint service planning and annual reporting occur as a continuous improvement cycle, in which the ability of the Student Health Partnership to meet the special health needs of identified children, is enhanced through monitoring and evaluation.

- All partners in the partnership must be involved in the planning process.
- Families and relevant stakeholders must have the opportunity for input in the planning process.
- Partnerships must address the needs of identified students with special health needs registered with Alberta Learning in school programs.

Although partners may be representing different numbers of children/students, it is expected that there will be decision-making equity among partners when setting priorities, developing strategies and allocating funds.

3.1 REQUIRED COMPONENTS

The Student Health Partnership service plan must be a concise document of about 10 pages that is prepared collaboratively by the partners in the Student Health Partnership and describes the way student health services will be delivered to the students in need.

Approval of the service plan will be based on evidence of the Student Health Partnership's commitment to the student health principles (described on page 3) and the following eight required components:

1. Statement of Accountability
2. Student Health Partnership Profile
3. Student Health Needs
4. Service Priorities
5. Goals
6. Performance Measures and Targets
7. Strategies
8. Financial Plan.

Appendix A, page 19 summarizes the required components.

Numbered Pages

To facilitate the review of the service plan, ensure that all pages are numbered.

Signing Authority

If arrangements are made at the partnership level to have one partner sign on behalf of other partners (for example one private ECS program signing for five other private ECS programs) there must be a letter from each partner/authority that indicates the authorization of that named partner to sign on their behalf.

New Requirement for Profile

Include the identification of designated contacts for public and media inquiries.

Partners

Partners are those organizations within the Student Health Partnership that have signed the Statement of Accountability and completed Form 1.

Statement of Accountability

The statement of accountability:

- is signed by the CEO or equivalent of each of the partners in the Student Health Partnership (school jurisdiction, regional health authority, regional office of the Alberta Mental Health Board, child and family services authority, and other school authorities, such as charter schools, private schools and private ECS operators). **The name and title of the person signing must be under each signature.**
- confirms the accuracy of the information contained in the plan
- confirms the Student Health Partnership's commitment to carry out the terms and conditions of the service plan to the best of the partnership's ability
- confirms that all partners in the partnership are maintaining their 1998/1999 levels of expenditure (baseline) on student health services.

Student Health Partnership Profile

The profile must include the:

- operating name and mailing address of the Student Health Partnership
- identification of designated contacts for public and media inquiries
- identification of each *partner* in the partnership (public and separate school jurisdictions, other school authorities, regional health authorities, regional child and family services authorities, regional offices of the Alberta Mental Health Board, and other partnering organizations)
- identification of relevant stakeholders in the Student Health Partnership
- identification of the school jurisdiction which is designated as the recipient ("the banker") for the partnership's funding allocation
- vision and principles guiding the Student Health Partnership.

Total Number of Students with Disabling Conditions

- Total number of students with mild/moderate disabilities.
- Total number of students with severe disabilities.
- Students identified as gifted and talented are **not** to be counted.
- Includes counts from **all** school jurisdictions/authorities in the partnership. When a school jurisdiction is in more than one partnership, it identifies the number of students in each category that are within the geographic area of the partnership.

Freedom of Information and Protection of Privacy Act

With respect to how personal information is collected, used and disclosed by public bodies, see Appendix F, Question 20, pages 40–41.

Goal

A broad, issue-oriented statement that reflects what the Student Health Partnership wants to achieve.

Performance Measure

A quantified means of tracking a process or result.

Student Health Needs

The Student Health Partnership must determine student health needs by identifying the:

- number of students assessed with mild/moderate or severe disabling conditions (see Appendix E, pages 23–29)
- needs, issues and critical risks
- service gaps
- 1998/1999 levels of expenditure (baseline) on student health services by each of the partners
- student health and related support service needs which have not been met.

Service Priorities

The Student Health Partnership must ensure that parents and relevant stakeholders have opportunities for input in identifying student needs. The service priorities, based on an assessment of student health needs and service gaps, **must** identify:

- which needs, within the range of student health services, will be addressed in the Student Health Partnership service plan
- the service delivery model.

Goals

The two required goals are:

1. school-aged children with special health needs have access to a range of coordinated health and related support services to meet their needs
2. school-aged children with special health needs are able to participate fully in their education programs to attain their potential and be successful at learning.

Student Health Partnerships have the flexibility to identify additional goals to address the service priorities and student health needs unique to each partnership.

Performance Measures and Targets

In the 2000/2001 school year, two required *performance measures* and *targets* (outputs) are:

1. percentage of students with special health needs who are provided services to be successful at learning, with a target of an increase in the percentage of students served

Target

A description of the desired level of performance for a program, typically involving some increment of improvement over the current state.

Outcome

The effect of student health services on identified children with special health needs.

Strategy

Key actions to be taken to achieve the Student Health Partnership's goals.

2. number of students who achieve the goals of their education Individualized Program Plans (IPPs),* with a target of an increase in the number of students who achieve the goals of their IPPs.

- * For students who do not have IPPs, it is expected that student service plans would be developed; e.g., care plan, treatment plan or case plan.

The Student Health Partnership should consider developing additional performance measures to address *outcomes* such as:

- access to a range of services
- continuous quality improvement
- stakeholder satisfaction
- improved coordination of services across stakeholders.

Strategies

Strategies should be developed to accomplish the short- to medium-term (one-to-three years) goals of the Student Health Partnership. Strategies should be achievable within available resources, including human resources, and address identified needs, issues and areas for improvement. Strategies should be developed in collaboration with all stakeholders.

Service delivery strategies **must** identify the human resources required to implement the Student Health Partnership service plan and describe how the partnership will result in:

- improved access to a range of coordinated and culturally appropriate student health services
- better coordination of student health services for identified children with special health needs who are registered with Alberta Learning in school programs.

To successfully manage student health planning and service delivery, strategies **must** address:

- ongoing development of partnerships, including decision-making and accountability processes
- ongoing assessment of needs and resources
- refinement of the service delivery model
- processes to involve communities, parents/families and other stakeholders in planning for student health services
- processes for monitoring and evaluation
- a system for collecting and managing information
- an accessible dispute resolution process
- human resource planning.


Financial Plan

The financial plan must be submitted with the Student Health Partnership service plan and demonstrate accountability by reporting costs for student health service delivery.


The financial plan must include the following information.

- Completed Forms 1 and 2 (Appendices B and C, pages 20 and 21).
- Any additional information that strengthens the linkage between financial information and the service plan.
- For a school authority that is a partner in more than one Student Health Partnership, the school authority must identify the amount of the student health funding allocation it is contributing specific to this Student Health Partnership.

Prior to filling out Forms 1 and 2, it is important to note the following.

Please note 

- Students who receive more than one student health service should be reported under each eligible service category.
- Teaching assistants are a unique service provider group. Since teaching assistants may spend only a portion of their time providing student health services, school authorities may wish to estimate their costs by using a percentage.
 - The suggested guide is that 25 per cent of a teaching assistant's time is spent providing health and related support services to students with special health needs in the classroom.
 - For future reporting purposes, and based on actual 1998/1999 levels of expenditure (baseline), the partnership must determine if the estimated percentage accurately reflects the portion of teaching assistant time spent on providing student health services.
- For school authorities which are partners in more than one Student Health Partnership, the same funding allocation model that was used for the Student Health Initiative should be applied to determine how the allocation should be proportioned among the partnerships. An example is found in Appendix F, page 34.

Please note 

Baseline Commitment

The 1998/1999 levels of expenditure will provide the baseline for commitment to ongoing levels of expenditure for all partners in each Student Health Partnership.

Form 1

Only eligible student health services (see pages 6–8) should be included on Form 1.

This is the last year that Form 1 will need to be completed. The baseline commitment will be constant in subsequent service plans.

Form 1: Student Health Services Financial Planning Report

Each partner, as defined on page 4, must complete Form 1 and submit it with the Student Health Partnership service plan.

Given the speed with which Student Health Partnerships developed in 1999, a **one-time opportunity** is available to **submit a more accurate Form 1** for student health service delivery costs for the 1998/1999 school year, based on clarification of eligible services. The 1998/1999 baseline commitment must be maintained; however, a service that is ineligible may be removed or an eligible service that was omitted must be added.

It is important that the student health service delivery costs information is accurate from **each partner**. A careful review of this *Planning Guide* should assist with the understanding of what student health services are eligible under the Student Health Initiative.

See Appendix B, page 20 for Form 1.

Form 2: Student Health Partnership Consolidated Financial Planning Report

- The Student Health Partnership must complete and submit this form with the Student Health Partnership service plan.
- The form consolidates the information reported by each partner on Form 1.
- Form 2 provides a summary of the student health service delivery costs for the 1998/1999 school year and projected student health service delivery costs for the 2000/2001 school year.
- The financial planning report for the 1999/2000 school year will be included in the Student Health Partnership Annual Report due on November 1, 2000.
- The form provides a reconciliation of the funding sources to be used by the Student Health Partnership to cover the projected student health service delivery costs for the 2000/2001 school year.
- Surpluses can be carried forward to the next school year, but deficits are not permitted.

See Appendix C, page 21 for Form 2.

3.2 DEVELOPMENT AND SUBMISSION

The Student Health Partnership service plan is developed for the 2000/2001 school year (September 1 to August 31) and also should broadly reflect a three-year planning cycle to August 31, 2003.

As the service plan is developed for each new school year, progress relating to actions will be monitored, results will be evaluated and reported, and areas for continuous improvement will be identified by the Student Health Partnership.

The second-year service plan must be submitted to the Provincial Student Health Coordinator by **May 31, 2000**. The service plan must include the eight required components. Omission of any of these components may result in a delay in the approval process.

This submission date will allow for review and approval by provincial government partners and the release of the student health funds for September 2000.

All subsequent service plans are due by **May 31**.

3.3 SUPPORT TO STUDENT HEALTH PARTNERSHIPS

The Provincial Student Health Coordinator is available to meet with partnerships to provide information and ongoing implementation support.

3.4 REVIEW AND APPROVAL

The review and approval of the Student Health Partnership service plan will be conducted by the provincial government partners — Alberta Learning, Health and Wellness, Children's Services and the Alberta Mental Health Board.

The service plan will be reviewed and approved on the basis of:

- the eight required components, described on pages 9–14 and summarized in Appendix A, page 19
- evidence of the Student Health Partnership's commitment to the student health principles, described on page 3.

Student Health Partnership Service Plan Submission

Submitted to:

Provincial Student Health Coordinator
c/o Alberta Learning
11160 Jasper Avenue
Edmonton, Alberta
T5K 0L2

Due Date: May 31, 2000

Provincial Student Health Coordinator

Verlie Gilligan

Telephone: (780) 427-3429

Toll-free in Alberta by dialing 310-0000.

E-mail: vgilligan@edc.gov.ab.ca

Fax: (780) 422-2039

Approval of the service plan will be communicated in writing to the Student Health Partnership within six weeks of submission.

Upon government approval of the service plan, the funding allocation will be provided to the partnership.

**Planning and Reporting —
Due Dates for the
Student Health Partnership**

May 31, 2000
Service Plan for 2000/2001 school year

November 1, 2000
Annual Report for 1999/2000 school year

May 31, 2001
Service Plan for 2001/2002 school year

November 1, 2001
Annual Report for 2000/2001 school year

4. Student Health Partnership Annual Report for 2000/2001

Joint service planning and annual reporting occurs as a continuous improvement cycle.

4.1 REQUIRED COMPONENTS

The Student Health Partnership annual report prepared for the 2000/2001 school year is a concise document of fewer than 10 numbered pages and must include the following required components:

- Statement of Accountability
- Progress
- Results
- Continuous Improvement
- Financial Summary.

Statement of Accountability

The statement of accountability is:

- signed by the designated representative on behalf of the Student Health Partnership
- confirms the accuracy of the information contained in the report
- confirms the Student Health Partnership's commitment to take actions for continuous improvement
- confirms the Student Health Partnership's commitment to use student health funding only for eligible health services for identified students with special health needs to enable them to be successful at learning.

Progress (descriptive)

This section is descriptive and focuses on areas where there has been progress in the implementation of strategies and achievement of goals, as identified in the Student Health Partnership service plan, specific to:

- access to a range of services
- service delivery model
- student, parent and other stakeholder satisfaction
- improved coordination of services across stakeholders
- continuous improvement.

Major accomplishments can be briefly highlighted, including a summary of achievements relating to the Student Health Initiative principles, described on page 3.

Results (numeric and analytic)

This section of the report addresses the *performance measures* and *targets* that were set by the Student Health Partnership. Analysis of the *results* should identify whether the *outcomes* were satisfactory, exceeded expectations and/or need improvement. The analysis also should explain any variance between planned and actual achievements.

The results report must include the following data on the number of students who benefited from the Student Health Initiative:

- the percentage of students who received more than one student health service
- the percentage of student health expenditures on students in ECS–Grade 4 and those in Grades 5–12.

The Student Health Partnership must submit the following information, for each school authority (public and separate school jurisdictions, charter schools, private schools and private ECS operators) in the partnership, based on Alberta Learning's Special Education Data Definitions for the 1999/2000 school year (see Appendix E, pages 23–29):

1. number of students* with mild/moderate disabilities and the number who received student health services
2. number of students* with severe disabilities and the number who received student health services
3. number of students* in the general student population not identified as having disabilities who received student health services

Performance Measure

A quantified means of tracking a process or result.

Target

A description of the desired level of performance for a program, typically involving some increment of improvement over the current state.

Result

Achievement by a Student Health Partnership over a specified period.

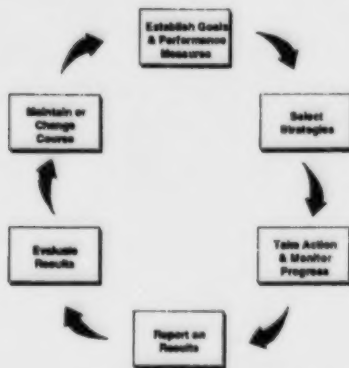
Outcome

The effect of student health services on identified children with special health needs.

4. the total number of students* who received student health services (sum of 1, 2 and 3).

* Note: Students must be counted only once, regardless of the number of types of student health services they received. Eligible services are described on pages 6–7.

Continuous Improvement Cycle



From *Achieving Accountability in Alberta's Health System*, by Alberta Health and Wellness, November 1998. Reprinted with permission.

Student Health Partnership Annual Report

Submitted to:

Student Health Initiative
c/o Alberta Learning
11160 Jasper Avenue
Edmonton, Alberta
T5K 0L2

Due Date:

November 1, 2001

Continuous Improvement

The continuous improvement report identifies opportunities to further enhance access to and coordination of services, as well as describes emerging issues or needs to be addressed in the next Student Health Partnership service plan.

Financial Summary

The financial summary **must** include **Form 3: Student Health Partnership Consolidated Annual Financial Report**.

- The Student Health Partnership must complete and submit this form with the annual report.
- This form includes:
 - the actual number of students served
 - the actual student health service delivery costs for the 2000/2001 school year
 - the actual Student Health Partnership administration costs for the 2000/2001 school year
 - any identified surplus based on expenditures.

See Appendix D, page 22, for Form 3.

4.2 DEVELOPMENT AND SUBMISSION

The Student Health Partnership must submit an annual report by **November 1, 2001**. All subsequent Student Health Partnership annual reports are due by November 1.

4.3 REVIEW

The provincial government partners — Learning, Health and Wellness, Children's Services and the Alberta Mental Health Board — will review each Student Health Partnership annual report.

The provincial government partners will consolidate the information resulting from each Student Health Partnership annual report review and will share the best practices at the Annual Children's Forum and in the Alberta Children's Initiative Annual Report.

Required Components of the Student Health Partnership Service Plan

Statement of Accountability

- ☐ Signed by CEO or equivalent of each partner, with title and name of the person signing under each signature.
- ☐ Information in the service plan is accurate.
- ☐ Student Health Partnership is committed to carry out the terms and conditions of the service plan.
- ☐ All partners in the partnership are maintaining their 1998/1999 levels of expenditure (baseline) on student health services.

Student Health Partnership Profile

- ☐ Operating name and mailing address of the Student Health Partnership.
- ☐ Designated contacts for public and media inquiries.
- ☐ List of each of the partners — school jurisdictions, other school authorities, regional health authorities, child and family services authorities, regional offices of the Alberta Mental Health Board, and other partnering organizations.
- ☐ List of any other relevant stakeholders.
- ☐ Identify the school jurisdiction designated as "the banker" to receive the funds on behalf of the partnership.
- ☐ Vision and principles guiding the Student Health Partnership.

Student Health Needs

- ☐ Number of students assessed with mild/moderate or severe disabling conditions.
- ☐ Needs, issues and critical risks.
- ☐ Service gaps.
- ☐ 1998/1999 levels of expenditure (baseline) on student health services by each of the partners.
- ☐ Student health and related support service needs which have not been met.

Service Priorities

- ☐ Ensure parents and relevant stakeholders have input in identifying student needs.
- ☐ Based on an assessment of student health needs and service gaps, priorities must identify:
 - which needs, within the range of student health services, will be addressed in the service plan.
 - the service delivery model.

Goals

- ☐ The two required goals are:
 1. school-aged children with special health needs have access to a range of coordinated health and related support services to meet their needs
 2. school-aged children with special health needs are able to participate fully in their education programs to attain their potential and be successful at learning.
- ☐ Identify additional goals to address the service priorities and student health needs unique to the partnership.

Performance Measures and Targets

- ☐ The two required performance measures and targets (outputs) are the:
 1. percentage of students with special health needs who are provided services to be successful at learning, with a target of an increase in the percentage of students served
 2. number of students who achieve the goals of their education Individualized Program Plans (IPPs)*, with a target of an increase in the number of students who achieve the goals of their IPPs.
 - * For students who do not have IPPs it is expected that student service plans would be developed; e.g., care, treatment or case plan.
- ☐ Identify additional performance measures and targets to address outcomes.

Strategies

- ☐ Service delivery strategies must identify the human resources required to implement the service plan and how the Student Health Partnership will result in:
 1. improved access to a range of coordinated and culturally appropriate student health services
 2. better coordination of student health services for identified children with special health needs who are registered with Alberta Learning in school programs.
- ☐ Additional strategies to successfully manage student health planning and service delivery.

Financial Plan

- ☐ Completed Forms 1 and 2.
- ☐ Any additional financial information.
- ☐ Amount of student health funding allocation each of the school jurisdictions and other school authorities in the partnership is contributing to this partnership.
- ☐ Submit with the Student Health Partnership service plan.

STUDENT HEALTH SERVICES FINANCIAL PLANNING REPORT

Each partner must submit this form.

If the year-one form was accurate, simply resubmit the year-one form.

If more accurate information is now available, complete and submit a new Form 1.

FORM 1

Name of Student Health Partnership: _____

Name of Partner: _____

STUDENT HEALTH SERVICES (Students who receive more than one student health service should be reported under each eligible service category.)	Sept. 1998 to Aug. 1999 Estimated Number of Students Served (baseline)	Sept. 1998 to Aug. 1999 Estimated Student Health Service Delivery Costs (baseline)
Speech-language Therapy		\$
Physical Therapy		\$
Occupational Therapy		\$
Audiology		\$
Respiratory Therapy		\$
Nursing		\$
Emotional/Behavioural Supports		\$
Other — Please Specify		\$
		\$
Teaching Assistants Who Provide Student Health Services (see page 13)		\$

TOTAL STUDENT HEALTH SERVICE DELIVERY COSTS

(including program delivery administration costs)

\$ _____ **(A)****Partner's Signature:** _____**Title:** _____**Date:** _____

STUDENT HEALTH PARTNERSHIP CONSOLIDATED FINANCIAL PLANNING REPORT

(This is a compilation of each partner's financial planning report)

FORM 2

Name of Student Health Partnership: _____

STUDENT HEALTH SERVICES (Students who receive more than one student health service should be reported under each eligible service category.)	Sept. 1998 to Aug. 1999 Estimated Number of Students Served (baseline)	Sept. 1998 to Aug. 1999 Estimated Student Health Service Delivery Costs (baseline)	Sept. 2000 to Aug. 2001 Projected Number of Students Served	Sept. 2000 to Aug. 2001 Projected Student Health Service Delivery Costs
Speech-language Therapy		\$		\$
Physical Therapy		\$		\$
Occupational Therapy		\$		\$
Audiology		\$		\$
Respiratory Therapy		\$		\$
Nursing		\$		\$
Emotional/Behavioural Supports		\$		\$
Other - Please Specify		\$		\$
Teaching Assistants Who Provide Student Health Services (see page 13)		\$		\$

TOTAL STUDENT HEALTH SERVICE DELIVERY COSTS
(including program delivery administration costs)\$ _____ (A)
Estimated (baseline)\$ _____
Projected

TOTAL STUDENT HEALTH ADMINISTRATION COSTS

Not applicable

\$

Projected

TOTAL STUDENT HEALTH COSTS

Not applicable

\$

Projected

(B)

RECONCILIATION OF FUNDING SOURCES (REVENUE)

1. Sept. 1998 to Aug. 1999 (Level of Expenditure — baseline)	\$ _____ (A)
2. Surplus for Sept. 1999 to Aug. 2000.	\$ _____
3. SH Service Delivery Funding Allocation (Sept. 2000 to Aug. 2001)	\$ _____
4. SH Partnership Administration Funding (Sept. 2000 to Aug. 2001) (4.5 per cent of SH Funding Allocation)	\$ _____
5. Other funding provided by the partnership (if applicable)	\$ _____
TOTAL FUNDING SOURCES TO COVER PROJECTED STUDENT HEALTH SERVICE DELIVERY COSTS (1 + 2 + 3 + 4 + 5)	\$ _____ (C)
STUDENT HEALTH PROJECTED SURPLUS (C - B)	\$ _____

Signature: _____

(on behalf of the Student Health Partnership)

Title: _____

Date: _____



**STUDENT HEALTH PARTNERSHIP
CONSOLIDATED ANNUAL FINANCIAL REPORT**

FORM 3

Name of Student Health Partnership: _____

STUDENT HEALTH SERVICES (Students who receive more than one student health service should be reported under each eligible service category.)	Sept. 2000 to Aug. 2001 Actual Number of Students Served	Sept 2000 to Aug. 2001 Actual Student Health Service Delivery Costs
Speech-language Therapy		\$
Physical Therapy		\$
Occupational Therapy		\$
Audiology		\$
Respiratory Therapy		\$
Nursing		\$
Emotional/Behavioural Supports		\$
Other – Please Specify		\$
Teaching Assistants Who Provide Student Health Services (see page 13)		\$

TOTAL ACTUAL STUDENT HEALTH SERVICE DELIVERY COSTS FOR 2000/2001
(including program delivery administration costs)

\$ (A)

**TOTAL ACTUAL STUDENT HEALTH PARTNERSHIP ADMINISTRATION COSTS FOR
2000/2001**

\$ (B)

TOTAL ACTUAL STUDENT HEALTH COSTS (A + B)

\$ (C)

RECONCILIATION OF FUNDING SOURCES (REVENUE)

1. Sept. 1998 to Aug. 1999 (Level of Expenditure — baseline) [from Form 2]	\$
2. Surplus for Sept. 1999 to Aug. 2000.	\$
3. SH Service Delivery Funding Allocation (Sept. 2000 to Aug. 2001) [from Form 2]	\$
4. SH Partnership Administration Funding (Sept. 2000 to Aug. 2001) (4.5 per cent of the SH Funding Allocation) [from Form 2]	\$
5. Other funding provided by the partnership (if applicable)	\$
TOTAL FUNDING SOURCES TO COVER ACTUAL STUDENT HEALTH COSTS (September 2000 to August 2001) (1 + 2 + 3 + 4 + 5)	\$ (D)
ACTUAL STUDENT HEALTH SURPLUS (D - C)	\$

Signature: _____
(on behalf of the Student Health Partnership)

Title: _____

Date: _____



Special Education Data Definitions

The following are the special education definitions for the 1999/2000 school year, taken from Alberta Learning's *Student Information Systems User's Guide* (September 1999).

Mild/Moderate Disabling Conditions

1. *Mild Mental Disability (ECS - Code 30; Grades 1-12 - Code 51)*

A student with a mild mental disability is usually delayed in most academic subjects and social behaviours as compared to his or her same-age peers.

Any student, designated as having a mild mental disability, should have an intelligence quotient (IQ) in the range of 50 to 75 \pm 5 as measured on an individual intelligence test, have an adaptive behaviour score equivalent to the mildly delayed level on an adaptive behaviour scale; e.g., American Association on Mental Deficiency Adaptive Behavior Scale, Progress Assessment Chart, Vineland, and should exhibit developmental delays in social behaviours.

2. *Moderate Mental Disability (ECS - Code 30; Grades 1-12 - Code 52)*

A student with a moderate mental disability requires significant modification to basic curriculum, but is able to profit from instruction in living/vocational skills and may acquire functional literacy and numeracy skills.

Any student, who is designated as having a moderate mental disability, should have an intelligence quotient (IQ) in the range of approximately 30 to 50 \pm 5 as measured on an individual intelligence test and should have an adaptive behaviour score equivalent to the moderately delayed level on an adaptive behaviour scale; e.g., American Association on Mental Deficiency Adaptive Behavior Scale, Progress Assessment Chart, Vineland.

3. *Emotional/Behavioural Disability (ECS - Code 30; Grades 1-12 - Code 53)*

A student with a mild to moderate emotional/behaviour disability exhibits chronic and pervasive behaviours that are so maladaptive that they interfere with the learning and safety of the student and other students.

Typically, behaviour disabilities are characterized by a number of observable maladaptive behaviours:

- a. an inability to establish or maintain satisfactory relationships with peers or adults
- b. a general mood of unhappiness or depression
- c. inappropriate behaviour or feelings under ordinary conditions

- d. continued difficulty in coping with the learning situation in spite of remedial intervention
- e. physical symptoms or fears associated with personal or school problems
- f. difficulties in accepting the realities of personal responsibility and accountability
- g. physical violence toward other persons and/or physical destructiveness toward the environment.

4. Learning Disability (ECS - Code 30; Grades 1-12 - Code 54)

A student with a learning disability usually has average or above average intelligence but has specific learning disabilities which interfere with normal academic learning.

Learning disabilities* is a generic term that refers to a heterogeneous group of disorders due to identifiable or inferred central nervous system dysfunction. Such disorders may be manifested by delays in early development and/or difficulties in any of the following areas: attention, memory, reasoning, coordination, communicating, reading, writing, spelling, calculation, social competence and emotional maturation.

Learning disabilities are intrinsic to the individual, and may affect learning and behaviour in any individual, including those with potentially average, or above average intelligence.

Learning disabilities are not due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance, or environmental disadvantage, although they may occur concurrently with any of these.

Learning disabilities may arise from genetic variations, biochemical factors, events in the pre- to peri-natal period,

or any other subsequent events resulting in neurological impairment.

- * This is the official definition adopted by the Learning Disabilities Association of Canada (LDAC). Reprinted with permission.

5. Hearing Disability (ECS - Code 30; Grades 1-12 - Code 55)

A student with a mild to moderate hearing disability is one whose hearing condition affects speech and language development and interferes with the ability to learn. A student with a mild (26 to 40 decibels) to moderate (41 to 70 decibels) hearing disability will have an average hearing loss of 26 to 70 decibels unaided in the better ear over the normal range of speech. The normal range of speech is between 500 Hz and 4000 Hz.

6. Visual Disability (ECS - Code 30; Grades 1-12 - Code 56)

A student with a mild to moderate visual disability is one whose vision is so limited that it interferes with the student's ability to learn or the student requires modification of the learning environment to be able to learn. A student who is designated as having limited vision should have a visual acuity of less than 20/70 (6/21 metric) in the better eye after correction and/or a reduced field of vision.

7. Communications Disability (ECS - Code 30; Grades 1-12 - Code 57)

A student with a communication disability has significant difficulty in communicating with peers and adults because of a disability in expressive and/or receptive language, and/or disabilities in speech including articulation, voice and fluency.

8. Physical or Medical Disability (ECS - Code 30; Grades 1-12 - Code 58)

A student with a mild to moderate physical or medical disability is one whose physical, neurological or medical condition interferes with the ability to learn, or who requires modification of the learning environment to be able to learn. The existence of a physical disability or medical condition, in and of itself, is not sufficient for the student to be designated in this category; the condition must impact upon the student's schooling.

9. Multiple Disability (ECS - Code 30; Grades 1-12 - Code 59)

A student with a multiple disability has two or more non-associated mild to moderate disabilities which have a significant impact upon his or her ability to learn. Some disabling conditions are closely associated so would not be designated under this category. For example, students with hearing disabilities frequently have communication disabilities, and students with mental disabilities almost always have both academic and communication disabilities.

Severe Disabling Conditions

1. Severe Mental Disability (ECS to Grade 12 - Code 41)

A student with a severe mental disability has severe delays in all or most areas of development. A student in this category frequently has other disabilities including physical, sensory, medical and/or behavioural. This student requires constant assistance and/or supervision in all areas of functioning including daily living skills, and may require assistive technology.

Any student, who is designated as having a severe mental disability, should have an intelligence quotient (IQ) in the range of approximately 30 ± 5 or less as measured on an individual intelligence test and have an adaptive behaviour score equivalent to the severe to profound level on an adaptive behaviour scale; e.g., American Association on Mental Deficiency Adaptive Behavior Scale, Progress Assessment Chart, Vineland.

Note: For an ECS child this may mean little, if any, functional adaptive behaviour and/or an inability to initiate meaningful play.

2. Severe Emotional/Behavioural Disability (ECS to Grade 12 - Code 42)

A student with a severe emotional/behavioural disability displays chronic, extreme and pervasive behaviours which require close and constant adult supervision, and other intensive support services in a highly structured environment in order to function in an education setting. The behaviours significantly interfere with both the learning and safety of the student and other students.

Students with the following characteristics usually qualify in this category:

- dangerously aggressive, destructive, violent and impulsive behaviours, including severe conduct disorders
- self-stimulation, self-abuse and/or aphasic behaviour
- psychosis including schizophrenia, manic depression or obsessive compulsive disorders.

A clinical diagnosis by a psychiatrist, clinical psychologist or chartered psychologist is required, in addition to extensive documentation of the nature, frequency and severity of the disorder by school authorities. The effects of the disability on the student's functioning in an education setting should be described. An ongoing treatment plan should be available and efforts should be made to ensure that the student has access to appropriate mental health and therapeutic services.

A clinical diagnosis of a behaviour disability is required but not necessarily sufficient to qualify under this category. Some diagnoses are not of sufficient severity to qualify including: attention-deficit/hyperactivity disorder (AD/HD), attention deficit disorder (ADD), fetal alcohol syndrome (FAS), possible pre-natal alcohol-related effects (PPAE) and oppositional defiant disorder (except for the most extreme and pervasive instances).

Note: Students with autism should be reported under Code 44 rather than Code 42.

3. *Severe Multiple Disability (ECS to Grade 12 - Code 43)*

A student with a severe multiple disability has a combination of two or more non-associated, major (moderate to severe) mental and/or physical disabling conditions which result in functioning as low or lower than that associated with a severe primary disability, and who requires special programs, resources, and/or therapeutic services.

A student with a severe mental disability and another associated disability is not designated under this category, but is designated under severe mental disability.

A student with a severe emotional/behavioural disability and another associated disability is not designated under this category, but is designated under severe emotional/behavioural disability.

4. *Severe Physical or Medical Disability - Including Autism (ECS to Grade 12 - Code 44)*

A student with a physical or medical disability is one whose physical, medical or neurological disability is so severe that he or she requires extensive personal assistance and modifications to the learning environment in order to benefit from schooling. A student with a severe mental disability and physical or medical disability is not designated under this category, but is designated under severe mental disability.

A medical diagnosis of a physical, medical or neurological disability is required but not sufficient to qualify under this category. Some physical or medical disabilities have little or no impact upon the student's ability to function in the school environment.

A student with severe autism or other severe pervasive developmental disorder is included in this category. A clinical diagnosis by a psychiatrist, clinical psychologist, chartered psychologist, or medical professional specializing in the field of autism is required. A clinical diagnosis of autism is required but not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the student with autism.

In order for a diagnosis of autism to be made the student needs to evidence difficulties in three broad areas:

- ♦ social interaction
- ♦ communication
- ♦ stereotyped pattern of behaviour; i.e., hand flapping, body rocking, echolalia, insistence on sameness and resistance to change.

5. Deafness (ECS to Grade 12 - Code 45)

A student with a severe to profound hearing loss which interferes with the use of oral language as the primary form of communication and has an average hearing loss of 71 decibels or more unaided in the better ear over the normal range of speech. The normal range of speech is between 500 Hz and 4000 Hz.

6. Blindness (ECS to Grade 12 - Code 46)

A student with a severe visual disability is one whose corrected vision is so limited that it is inadequate for most or all instructional situations, and information must be presented through other means. A student with a severe visual disability (blindness) has a visual acuity ranging from 6/60 (20/200) in the better eye with correction, to having no usable vision or a field of vision reduced to an angle of 20 degrees. For designation under this category, students would be eligible for registration with CNIB.

7. Severe Communication Disability (For ECS Children Only - Code 47)

A child with a severe communication disability has severe difficulty in communicating with peers and/or adults because of a severe disability in expressive and/or receptive language and/or total language. This may

include little, if any, expressive or receptive communication skills.

In order to qualify for severe communication disability funding, the assessment results must be less than or equal to the first percentile. One subset score alone, such as sentence structure or word structure, at or below the first percentile does not qualify as a severe communication disability.

If a child has a moderate to severe disability in a non-associated category (in addition to having a moderate to severe communication disability), then the child would be more appropriately identified as Severe Multiple Disability (Code 43). This only applies for eligible ECS children and does not apply for students in Grades 1–12.

A severe phonological delay does not necessarily qualify as a severe communication disability. A current speech-language assessment report must be submitted with the Program Unit application. The speech language report should include a conclusion or summary statement which clearly indicates the level of communication disability; i.e., mild, moderate or severe. Recommended assessment instruments would be phonological, such as the Hodson, rather than articulation tests. Documentation which clarifies the level of intelligibility should also be included.

To facilitate communication skills, children in this category may benefit from small group work or clustering with same age peers, and a 400 hour program may be sufficient.

Institutional/Homebound (Grades 1-12 only - Code 60)

This category includes students of legal school age (ages 6–15) inclusive who require educational services in a non-school environment such as a group home, correctional institution, hospital or home.

Children's Services

- Students may be placed in a group home or some other special setting by Alberta Children's Services.

Justice

- Students who have committed an offence under the law are placed in a detention center or some other legal setting.

Hospitals

- Students who are receiving treatment in a hospital setting.

Homebound

- Students who have a severe medical or other disability that prevents them from attending a school program and, therefore, must receive an education program in their home.

Gifted and Talented - (Grades 1-12 only - Code 80)

A student who is gifted and talented is one who by virtue of outstanding ability is capable of exceptional performance. This is a student who requires differentiated provisions and/or programs beyond the regular school program to realize his or her contribution to self and society.

A student capable of exceptional performance is one who demonstrates achievement and/or potential ability in one of several areas.

General Intellectual Ability

A student possessing general intellectual ability is consistently superior to the other students in the school, to the extent that the student needs and can profit from specially planned educational services beyond those normally provided by the regular school program. Usually, this is the student who has a large storehouse of information about a wide variety of topics.

The ability to abstract, generalize and utilize high level thinking skills is common in this type of student.

Specific Academic Aptitude

A student possessing a specific academic aptitude is the student who, in a specific subject area, is consistently superior to the aptitudes of other students in the school to the extent that the student needs and can profit from specially planned educational services beyond those normally provided by the regular school program. Generally, this is the student who has an inordinate strength in a specific area, such as mathematical reasoning.

Creative or Productive Thinking

A student who thinks creatively or productively is one who consistently engages in divergent thinking that results in unconventional responses to conventional tasks, to the extent that the student needs and can profit from specially planned educational services beyond those normally provided by the regular school program. Generally, this is the student who is unwilling to accept authoritarian pronouncements without critical examination.

Leadership Ability

A student possessing leadership ability is one who not only assumes leadership roles, but also is accepted by others as a leader, to the extent that the student needs and can profit from specially planned educational services beyond those normally provided by the regular school program. Generally, this is the student who can be counted upon to carry out responsibilities and adapts readily to new situations.

Visual and Performing Arts

A student possessing visual and performing arts ability is one who consistently creates outstanding aesthetic productions in graphic areas, sculpture, music, drama or dance, to the extent that this student needs and can profit from specially planned educational services beyond those normally provided by the regular school program.

Psychomotor Ability

A student possessing psychomotor ability is one who consistently displays mechanical skills or athletic ability so superior to that of other students in the school that the student needs and can profit from specially planned educational services beyond those normally provided by the regular school program. Generally, this is the student with good control of body movement and excellent eye-hand coordination.

Student Health Initiative — Frequently Asked Questions

These are answers to some frequently asked questions from the Student Health Partnerships.

1. Are children with visual and/or hearing impairments included in the Student Health Initiative?

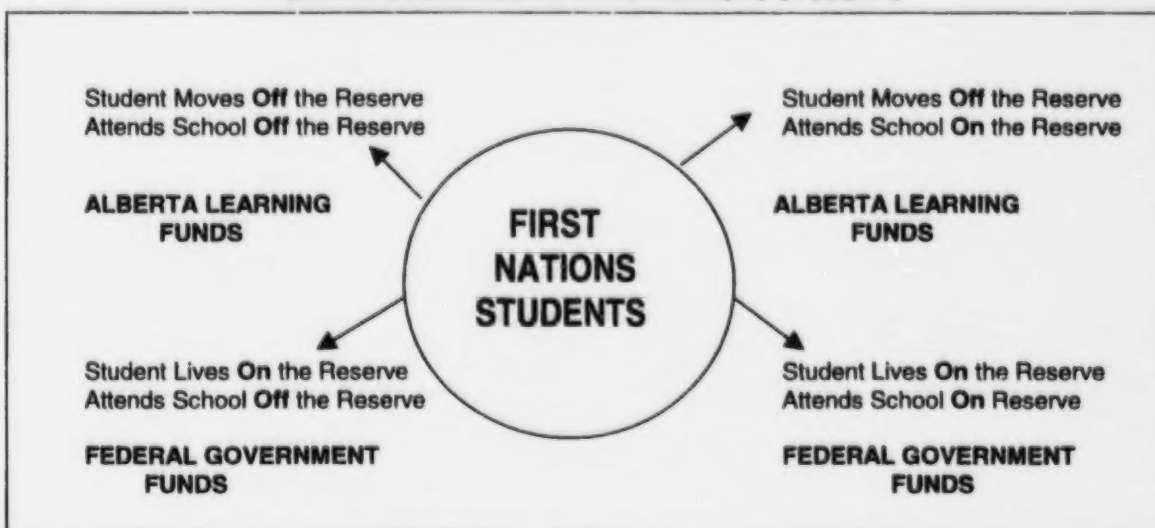
Yes, they are. In the definition of "children with special health needs" on page 2 sensory impairments are specifically referenced. Alberta Learning's Special Education Data Definitions are included in Appendix E, pages 23–29.

2. What happens with students with severe disabilities who are funded by Alberta Learning until they reach age 20? Will they be eligible to receive student health services after the age of 18 under the Student Health Initiative?

Yes, they will continue to be eligible as long as they are students registered with Alberta Learning.

3. Are First Nations students included in the Student Health Initiative? Were they counted in the funding allocation model?

FUNDING SCENARIOS FOR FIRST NATIONS STUDENTS



FIRST NATIONS STUDENTS' ELIGIBILITY FOR STUDENT HEALTH SERVICES

	Funding of School Program		Counted in Student Health Funding Formula		Eligibility for Student Health Services		Action to Address Student Health Issues
	Fed Gov't	AB Learning	Yes	No	Yes	No	
Scenario 1 First Nations students living off reserve, attending an Alberta school off reserve.		X	X		X		Not required Student Health funding provided by Alberta Government for these students.
Scenario 2 First Nations students living on reserve, attending an Alberta school off reserve.	X			X	X		Federal Government has responsibility to fund student health services. See note ¹
Scenario 3 First Nations students living on reserve, attending a Band operated school on reserve.	X			X		X	Not required Federal Government has responsibility to fund student health services.
Scenario 4 First Nations students living off reserve, attending a Band operated school on reserve.		X See note ²	X		X		Not required Student Health funding provided by Alberta Government for these students.

1. The Federal government provides funds to Bands and the Bands enter into tuition agreements with school jurisdictions for the provision of education programs and services. Some tuition agreements cover costs to provide student health services.
2. Alberta Learning provides funding to the resident school board (a board within whose district or division a student resides) for the provision of education programs and services. The board may enter into a tuition agreement with a Band and transfer the funds the board received from Alberta Learning to the Band.

First Nations students who live on reserve and attend Alberta Learning funded school programs off reserve were not counted in the funding allocation model as these are local arrangements between Bands and school jurisdictions. As these students are registered in Alberta school programs, they are eligible for student health services. Student Health Partnerships are responsible for including these students in the Student Health Partnership service plan.

The provincial government partners will continue to work with the Federal Government regarding the funding for student health services for these students.

The following information was prepared by the federal Department of Indian Affairs and Northern Development (DIAND). For further information contact an Education Officer for Treaty 6, 7 and 8 in Edmonton at (780) 495-2773.

In terms of elementary and secondary education, the responsibility of the Department of Indian Affairs and Northern Development (DIAND) is limited to students who live on reserve. DIAND provides educational funding to First Nations for schools located on reserve and administered by First Nations, and to local provincial school boards where students attend schools located off reserve.

Therapeutic, nursing and other medical services are provided to First Nations members by Health Canada, which should be contacted about services available.

For children's emotional and behavioural supports, First Nations child and family services agencies should be contacted about services that they provide.

With respect to students attending provincial schools, educational funding to provincial school boards is provided according to the terms of tuition agreements. There are three types of tuition agreements. The oldest form bases payment on a per student cost, as determined by annual audited financial statements. Additional services tend to be outlined in terms of extra staff: special education teachers, teaching assistants and native liaisons.

The second type of agreement still uses the annual audited financial statements to determine per-student costs, but the additional services format has been replaced by special education funding services which are funded on an eligible student basis. The DIAND references the same six *High Cost Special Education* categories (see pages 25-27) as Alberta Learning and matches the funding levels. Additionally, DIAND (Alberta Region) recognizes five mild/moderate special education categories on an eligible student basis.

The newest type of tuition agreement represents Alberta Region's future direction. The tuition payment is formula-funded. The formula is based on Alberta Learning rates with some additional supports added to the formula. The DIAND Alberta Region continues to recognize and fund the six *High Cost Special Education* categories described by Alberta Learning (see pages 25-27). Mild/moderate special needs categories are not funded for individual students, rather these needs are recognized in the rate established to fund instructional services.

In all three scenarios, there is the recognition that additional costs and programs often are required for First Nations students. The DIAND Alberta Region believes that tuition payments recognize special education needs beyond those funded by Alberta Learning. For medical and social services, the appropriate jurisdiction should be contracted in terms of services available for First Nations students.

4. Can children/students be taken to the service rather than bringing the service to the children/students? If so, can transportation costs be covered by the Student Health Initiative?

Children/students can go to the service if it is not possible to bring the service to them. However, Student Health Partnerships are encouraged to plan student health services in ways that meet needs in the local school. Transportation costs for the child/student are not an eligible service under the Student Health Initiative (see Ineligible Costs, page 8).

5. How do private schools, charter schools and private Early Childhood Services (ECS) operators partner? How will they have a voice in the Student Health Partnership since they are so small?

These stakeholders are expected to join and participate in a Student Health Partnership. The larger partners should be inviting their participation in ways that respect the spirit and intent of the Student Health Initiative. If a small school authority asks to join, the partnership must accept them to ensure that student health services are available to all students in the community who need them. These stakeholders are welcome to contact the executive leads from the regional health authority, the regional child and family services authority, the regional office of the Alberta Mental Health Board and the school jurisdictions to facilitate their coming to the partnership table.

The names of executive leads can be obtained from the Provincial Student Health Initiative Coordinator at (780) 427-3429. All partners at the local level will determine the nature of the participation in the partnership process.

6. How do school jurisdictions that need to participate in more than one Student Health Partnership allocate the funding to the various partnerships?

The same funding allocation model that was used for the Student Health Initiative should be applied to determine how the allocation should be proportioned amongst the partnerships. (See the example on the following page.)

Example

Your school jurisdiction is joining two Student Health Partnerships and you want to use the original funding allocation model to determine how much of the total allocation to apply to each partnership. To do this, you first need to identify which schools are in each partnership, then take the following steps.

1. Determine for each school:
 - the number of ECS–Grade 4 students
 - the number of Grades 5–12 students
 - the number of students with mild/moderate disabilities
 - the number of students with severe disabilities.
2. Multiply each of these numbers by the weighting in the allocation model:
 - the number of ECS–Grade 4 students $\times 2 \times 5\%$
 - the number of Grades 5–12 students $\times 5\%$
 - the number of students with mild/moderate disabilities $\times 2$
 - the number of students with severe disabilities $\times 4$.
3. Add the four numbers you obtained for each school in step two. This gives you the number of “weighted students” for each school. Add the number of weighted students for each school in the partnership to determine the number of weighted students in each partnership.
4. Add these two weighted student numbers for the two partnerships to get the total number of weighted students for your jurisdiction.
5. Determine the percentage that each partnership has of the total number of weighted students by dividing each partnership’s number of weighted students by the jurisdiction’s weighted student total.
6. Multiply each partnership’s percentage by the total funds allocated to the school jurisdiction to determine each partnership’s allocation.

ABC School Jurisdiction is joining Partnership XYZ and Partnership QRS

The schools within Partnership XYZ have the following students:

- 1540 in ECS–Grade 4
- 3780 in Grades 5–12
- 530 with mild/moderate disabilities
- 120 with severe disabilities

The schools within Partnership QRS have the following students:

- 2890 in ECS–Grade 4
- 6760 in Grades 5–12
- 910 with mild/moderate disabilities
- 180 with severe disabilities

For Partnership XYZ:

- $1540 \times 2 \times 5\% = 154$
- $3780 \times 5\% = 189$
- $530 \times 2 = 1060$
- $120 \times 4 = 480$
- weighted students = 1883

For Partnership QRS:

- $2890 \times 2 \times 5\% = 289$
- $6760 \times 5\% = 338$
- $910 \times 2 = 1820$
- $180 \times 4 = 720$
- weighted students = 3167

- ABC School Jurisdiction has $1883 + 3167 = 5050$ total weighted students.
- Partnership XYZ has 1883 of the total 5050 weighted students = 37%.
- Partnership QRS has 3167 of the total 5050 weighted students = 63%.
- Therefore, Partnership XYZ receives 37% and Partnership QRS receives 63% of the total allocation for ABC School Jurisdiction.

7. How will parents/families have a voice in the Student Health Partnerships?

The *Student Health Partnership Planning Guide* (page 3) identifies that one of the principles of the Student Health Initiative is that children and families are involved in decisions regarding the provision of student health services. The *Guide* (page 12) also identifies that the Student Health Partnership service plan will include strategies that will address the establishment of consultation processes with communities, parents/families and other stakeholders, as well as the development of an accessible dispute-resolution process. Parents and Student Health Partnerships are encouraged to work together in meeting student health needs.

8. Why is equipment not funded?

The Government of Alberta already provides adaptive medical equipment and supplies through the Alberta Aids to Daily Living Program. Although the mandate of the program is for the home or home-like setting, the majority of equipment is portable and can be used in other settings. The program has quantity limits but will consider requests for additional benefits through an appeal process. This program already has an infrastructure, which allows for recycling equipment in a cost-effective manner.

Alberta Learning allows for the purchase of equipment that is specific to the individual child through the Program Unit Funding and the Severe Disabilities funding. This equipment is for the use of the child in the educational program for as long as it is required.

Equipment that is not funded through government programs can often be purchased through private insurance plans or through fundraising by voluntary/service agencies. These processes are well developed in the province.

There are duplication issues. If several programs are paying for the same equipment or types of equipment the possibility of duplicating equipment purchases exists. There is no mechanism to prevent duplication.

Human resources have been identified as the priority for the Student Health Initiative.

9. The funding allocation model doesn't take into consideration the additional costs involved in delivering services in northern areas (recruitment, travel, etc.). How will this be addressed?

As part of the evaluation of the Student Health Initiative, the funding allocation model will be reviewed when appropriate data are available.

10. What if a child/student changes schools during the year? Does the service/funding follow them to another Student Health Partnership?

This scenario needs to be considered by Student Health Partnerships in their service plan. It is a partnership decision. Some contingency planning would be appropriate for these children and others; e.g., a student who suffers a traumatic injury or is diagnosed with a chronic debilitating illness during a school year.

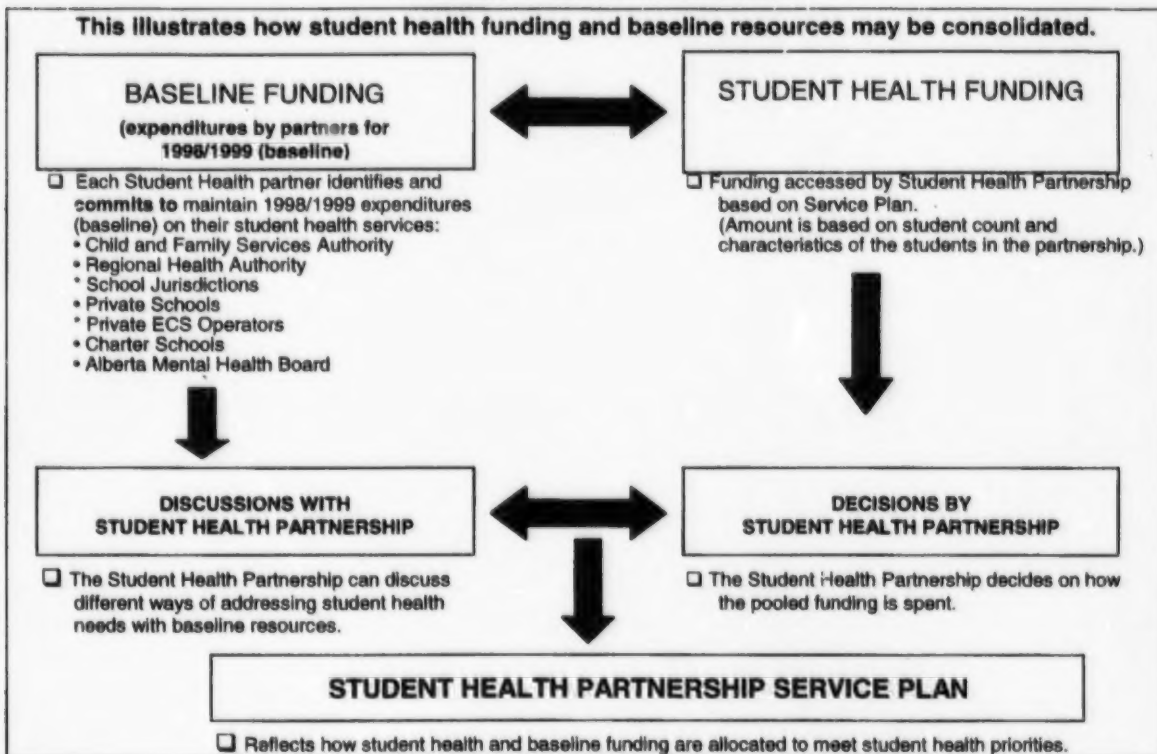
11. Do the Student Health Partnerships that were formed for the 1999/2000 school year need to stay the same in subsequent years?

No. Changes to the partnerships can be made prior to the beginning of the next school year. Each Student Health Partnership can make these decisions at the local level, based on how the previous year worked for their respective areas. If a partner chooses to leave their 1999/2000 Student Health Partnership to join a different partnership, the partner must still fulfill the reporting requirements for the submission of the 1999/2000 Student Health Partnership Annual Report by November 1, 2000.

12. What does "pooled" funding really mean?

STUDENT HEALTH FUNDING

This illustrates how student health funding and baseline resources may be consolidated.



13. What is meant by “inservicing and supervision” as a type of eligible service?

In order to be an eligible service, inservicing and supervision (see also page 7) must be related to identified students with special health needs. Two examples are:

- a) inservicing teachers about asthma and diabetes, when there are identified students in their classrooms with these special health needs, is an eligible service
- b) inservicing the classroom team on behaviour management, when that team has identified students in their classroom with these special health needs, is an eligible service.

14. What types of student health services do Child and Family Services Authorities (CFSAs) include in their 1998/1999 levels of expenditure (baseline) commitment?

There is no specific province-wide program delivered by CFSAs that provides student health services. However, individual CFSAs have been funding a variety of services to help ensure that children with special health needs are able to participate fully in education programs to attain their potential and be successful at learning. The following lists only a few of the many examples.

- If a student in Child Welfare care is identified as needing physical, occupational or respiratory therapy to attend school but cannot be served by any existing program, the child welfare worker might arrange to provide these services under the child's service plan.
- If a student in Child Welfare care can attend school only with an aide to address behavioural issues or with counselling to address anger management, the child welfare worker might arrange to provide these services under the child's service plan.
- If a student receiving Child Protective Services does not seem to be benefiting from their educational program because of emotional or family history issues, the child welfare worker might arrange an assessment including the student's health needs under the child's service plan.
- If a student, who is receiving Handicapped Children's Services in order to remain at home, needs nursing care and health therapies to be able to go to school, the Child Welfare Appeal Panel might order that these services be covered under the child's Handicapped Children's Services agreement.
- If a number of students in a community, who have been identified as being abusive to other children, can only attend school with supports such as behavioural intervention, case-conferencing with other service providers in the community and family liaison, then the CFSA might fund an Early Intervention program, in order for a local group to provide these services to these students.

15. Are teachers eligible service providers under the Student Health Initiative?

When a teacher is working in the role/capacity of a teacher, that is to provide instruction to students, a teacher is not an eligible service provider. For example, a staff member with other formal responsibilities (such as being a guidance counsellor who is BEd or MEd prepared) would be an eligible student health service provider, only when this staff member is providing support relating to the identified student's health need and not to other reasons that a guidance counsellor may be interacting with the student.

16. What signatures are required on the Student Health Partnership Service Plan submitted by a local Student Health Partnership?

Each partner in the partnership is required to sign the Statement of Accountability and to submit a Form 1. The signature also indicates to government that the partner wishes to have the student health funding allocation directed to the partnership that it is choosing to join. Original signatures on one master copy of the Student Health Partnership Service Plan are not required.

A Statement of Accountability/signature page can be prepared and faxed to each partner. One or more signatures can be on a page and multiple pages are acceptable as long as a signature from each partner is present.

If arrangements are made at the local partnership level to have one partner sign on behalf of other partners; e.g., one private ECS program signing for five other private ECS programs, there must be a letter from each jurisdiction/authority that indicates authorization of that named partner to sign on their behalf.

17. How is funding allocated for alternative programs such as home schooling, virtual school or the home education blended program?

Students registered with Alberta Learning in these programs are counted in the funding allocation model and funding is provided through the registering school jurisdiction or authority to the Student Health Partnership. Students registered in these programs do not necessarily live near the registering jurisdiction or authority. Since it may be impractical for the Student Health Partnership to deliver student health services to a community outside its geographical area, the partnership should consider alternatives such as liaising with the Student Health Partnership in the student's home community or purchasing services for the student in the student's home community.

18. How do newly approved school authorities that have not been identified in the funding allocation join a Student Health Partnership?

Newly approved smaller school authorities need to contact a Student Health Partnership to join. It does not matter that they have not been identified in the funding allocation. All identified children with special health needs who are registered with Alberta Learning in school programs from Early Childhood Services to Grade 12 are eligible.

19. What funding is provided by Alberta Learning to approved Early Childhood Services (ECS) operators to support ECS children with special needs?

Program Unit Funding

Program Unit Funding (PUF) is provided to approved by Alberta Learning to approved ECS operators for children with severe disabilities, who require additional support beyond that offered in a regular ECS program.

For the 1999/2000 school year, ECS operators may access up to \$19,570 per ECS child with severe disabilities. PUF is provided for individual programs that meet the educational needs of children with severe disabilities. This funding is in addition to the Basic Instruction funding (\$1,242) provided for every eligible ECS child.

PUF is available for a maximum of three years for each eligible child who is at least 2 years 6 months of age on September 1 and less than 6 years of age on September 1.

To be eligible for this funding, the child must fit the criteria of at least one of the severe disabling conditions described in the *Funding Manual for School Authorities*, Section 2.5. PUF is intended to cover the child's additional educational program costs required to meet the child's severe special needs, as outlined in the Individualized Program Plan (IPP).

PUF covers the following types of costs:

- salary and benefits for a teaching assistant who is directly involved in planning, implementing and evaluating the program for the child(ren) in the unit
- services purchased (speech therapy, occupational therapy, physiotherapy, mobility training, psychological and other services and assessment costs)
- instructional supplies and materials
- parent inservice, teacher and teacher assistant inservices
- transportation costs which exceed the transportation funding
- operation and maintenance costs (child specific)
- administration costs up to 5% of the approved budget
- instructional capital costs (child specific).

Funding for ECS Children with Mild/ Moderate Disabilities

Funding for ECS children with mild/ moderate disabilities is provided in addition to the Basic Instruction funding for identified children who are between 3 years 6 months and 6 years of age prior to September 1 to meet the education requirements of children with special needs. Children must be properly coded as code 30 to receive this funding. An Individualized Program Plan is required for each child. For 1999/2000, funding of \$1401 is provided for each eligible child to a maximum of 10% of the ECS operator's total enrolment. If the number of mild/moderate ECS children significantly exceeds the 10% maximum, the ECS Program Unit Funding coordinator should be contacted. Additional information is available in Alberta Learning's *Funding Manual for School Authorities*, Section 2.3.

20. Does the Freedom of Information and Protection of Privacy Act (FOIP Act) impact the information (for example, the data about number of students being served) shared through the Student Health Partnerships?

Please contact your local FOIP Coordinator regarding interpretations of the FOIP Act.

The FOIP Act controls the manner in which personal information is collected, used and disclosed by public bodies who are subject to this piece of legislation. Personal information is defined in the FOIP Act (s.1(1)(n)) as recorded information about an identifiable individual.

The information submitted in the Student Health Partnership Plan does not contain personally identifiable information. However, as part of the implementation of these plans and delivery of the programs or services by various partners to the plan, personal information will be collected, used and disclosed. Records will be created as part of this process and information systems containing personal information may be created. Elaboration of these systems, access to these records, and custody and control over these records are issues that will need to be addressed by the respective bodies. We recommend that you discuss and raise these matters with your local public body's designated FOIP Coordinator.

Section 38(1)(g.1) of the FOIP legislation has been amended to permit increased flexibility for disclosure of personal information when necessary for the administration of a common program or service. Section 38(1)(g.1) reads:

"A public body may disclose personal information only to an officer or employee of a public body or to a member of the Executive Council, if the disclosure is necessary for the delivery of a common or integrated program or service and for the performance of the duties of the officer or employee or member to whom the information is disclosed."

Information Management and Privacy Branch, Municipal Affairs, is in the process of developing a FOIP bulletin on the delivery of common programs or services. The bulletin will identify criteria for determining if the program or service is common or integrated. The list is not meant to be exhaustive, nor does a program or service need to meet all of the criteria in order to be "common or integrated". The criteria under consideration include:

- legislative authority for the partners to work together
- common goals identified in the program description or business plan
- evidence of a formal agreement or terms of reference between the partners, indicating roles of the partners and the mandate of the partnership
- requirement for joint planning
- clear definition of the services that are being jointly delivered and a clear statement regarding those that are not
- evidence of collaboration in order to achieve goals and/or objectives.

The FOIP Act does not set out requirements for common or integrated programs. All service providers engaging in common or integrated programs should strive for transparency in situations where personal information is being collected, used and/or disclosed, including the following:

- ensure that all individuals (parents/guardians, students) participating in such programs are notified of all the partners involved and of what will be done with the personal information collected, used, and shared
- it is important that such notification inform participants how their personal information will be used and by whom
- disclose personal information in a non-identifiable manner, whenever possible
- disclose personal information only to those who need to know about a particular individual
- disclose personal information only to the extent necessary for program/service delivery
- ensure that guardians are aware of the partnering organizations providing the common or integrated program
- record all disclosures on the client's file
- ensure that within the common program, personal information can be disclosed to other staff when it is necessary for them to do their job. All staff members need to be aware that the information can not be disclosed outside of the common program, even within the public body.

For more information on FOIP consideration relating to implementation of a common program or service, please contact the FOIP Coordinator designated for your public body.

SCHOOL AUTHORITIES

Charter School (C) —Private School (P) — Private ECS Operator (ECS)

REGION 1	TELEPHONE	CITY
Christian School of the Netherlands Reformed Congregations of Lethbridge and Fort McLeod	(403) 381-3030	Monarch (P)
Chief Shot Both Sides	(403) 737-2622	Stand Off (P)
Coaldale Canadian Reformed School Society	(403) 345-4055	Coaldale (P)
Lethbridge Christian School Society	(403) 320-0677	Lethbridge (P)
Little Pony Private Institute	(403) 553-4440	Fort Macleod (P)
Prairie Mennonite Church	(403) 752-4435	Raymond (P)
Providence Christian School Society	(403) 381-4418	Lethbridge (P)
Red Crow Community Collge	(403) 737-2400	Cardston (P)
Stirling Mennonite Child Development School	(403) 756-2277	Raymond (P)
The Society for Christian Education in Southern Alberta	(403) 327-4223	Lethbridge (P)
Tween Valley Fellowship Incorporation	(403) 223-9571	Purple Springs (P)
Aslan Kindergarten	(403) 381-2626	Lethbridge (ECS)
Henderson Lake Kindergarten Society	(403) 320-1353	Lethbridge (ECS)
Lethbridge Montessori Society	(403) 327-5271	Lethbridge (ECS)
Lethbridge Preschool Services Project	(403) 328-3020	Lethbridge (ECS)
The Children's House Child Care Society	(403) 328-5553	Lethbridge (ECS)
Victory Christian Fellowship of Lethbridge (1983) Inc.	(403) 320-2772	Lethbridge (ECS)
REGION 2		
CAPE – Centre for Academic and Personal Excellence Institute	(403) 528-2983	Medicine Hat (C)
40-Mile Christian Education Society	(403) 545-2107	Bow Island (P)
Cornerstone Christian School	(403) 529-6169	Medicine Hat (P)
Medicine Hat Christian School	(403) 526-3246	Medicine Hat (P)
Newell Christian School Society	(403) 378-3991	Brooks (P)
Veinerville Christian Academy	(403) 527-2714	Medicine Hat (P)
Acadia Valley ECS	(403) 565-2244	Acadia Valley (ECS)
Cactus Country E.C.S. Association	(403) 898-3775	Jenner (ECS)
Duchess Early Childhood Development Organization	(403) 378-4241	Duchess (ECS)
Empress Early Childhood Services Society	(403) 379-2294	Bindloss (ECS)
Oyen Early Childhood Services	(403) 664-3744	Oyen (ECS)
Southview Kid Kamp Day Care As	(403) 529-9221	Medicine Hat (ECS)
The Schuler Early Childhood Service	(403) 839-3732	Schuler (ECS)
REGION 3		
Banff Mtn Ski Academy Society	(403) 762-5287	Banff (P)
Brant Christian School Society	(403) 684-3752	Brant (P)
Canmore Society for Community Education (The)	(403) 609-2105	Canmore (P)
Evangelical Free Church of Champion, Alberta	(403) 897-3019	Champion (P)
Edison School Society	(403) 938-7595	Okotoks (P)
Strathcona Tweedsmuir School	(403) 938-4431	Okotoks (P)

Arrowwood and District E.C.S. Society	(403) 534-3825	Arrowwood (ECS)
Champion Kindergarten Association	(403) 897-3066	Champion (ECS)
Lomond Little Learners Society	(403) 792-3686	Lomond (ECS)
Milo Alphabets Kindergarten Society	(403) 599-2103	Milo (ECS)
Turner Valley ECS	(403) 933-3565	Turner Valley (ECS)
Captain Crunch College	(403) 643-3565	Carmangay (ECS)

REGION 4

Action for Bright Children (Calgary Society)	(403) 217-0426	Calgary (C)
Almadina School Society	(403) 543-5070	Calgary (C)
Foundations for the Future Charter School Society	(403) 243-3316	Calgary (C)
Science Alberta Charter School Society	(403) 260-1996	Calgary (C)
383385 Alberta Ltd.	(403) 229-0386	Calgary (P)
Airdrie Koinonia Christian School Society	(403) 948-5100	Airdrie (P)
Alberta Charitable Society of St. Pius X	(403) 233-0031	Calgary (P)
Association for Christian Schooling in Calgary South	(403) 254-6682	Calgary (P)
Banbury Crossroads School	(403) 270-7787	Calgary (P)
Bearspaw Christian School Society	(403) 295-2566	Calgary (P)
Bethel Christian Academy Society	(403) 250-1342	Calgary (P)
Calgary French School Society	(403) 240-1500	Calgary (P)
Calgary Hockey Academy Society	(403) 686-6444	Calgary (P)
Calgary International College	(403) 233-2982	Calgary (P)
Calgary Quest Children's Society	(403) 253-0003	Calgary (P)
Calgary Society for Christian Education	(403) 242-2896	Calgary (P)
Calgary Society for Effective Education of the Disabled	(403) 686-6444	Calgary (P)
Calgary Waldorf School Society	(403) 287-1868	Calgary (P)
Canadian Reformed School Society of Calgary	(403) 590-5881	Calgary (P)
Christopher Robin School Ltd.	(403) 252-6063	Calgary (P)
Clear Water Academy Foundation	(403) 217-8448	Calgary (P)
Columbia College Corp.	(403) 235-9300	Calgary (P)
Congregation House of Jacob-Mikveh Israel	(403) 258-1312	Calgary (P)
Delta West Academy	(403) 290-0767	Calgary (P)
Educere Learning Society	(403) 547-8941	Calgary (P)
Equilibrium International Education Institute	(403) 283-1111	Calgary (P)
Foothills Academy Society	(403) 270-9400	Calgary (P)
Froebel Kindergarten Society of Alberta	(403) 285-1395	Calgary (P)
GCA Educational Society	(403) 254-9050	Calgary (P)
Heritage Christian Academy Foundation	(403) 219-3201	Calgary (P)
Heritage Christian School Society	(403) 295-2566	Calgary (P)
Integro Youth Counselling Services Ltd. 51250599	(403) 287-9597	Calgary (P)
Janus Academy Society	(403) 241-6968	Calgary (P)
Joshua Christian School Society 50718350	(403) 250-2519	Calgary (P)
Learning Experience Society	(403) 256-1417	Calgary (P)
Lycee Louis Pasteur Society	(403) 243-5420	Calgary (P)
Master's Academy Educational Society	(403) 242-7034	Calgary (P)
Mennonite Education Society of Calgary	(403) 531-0745	Calgary (P)
Montessori School of Calgary	(403) 229-1011	Calgary (P)
Mountain View Academy Society	(403) 217-4346	Calgary (P)
Muslim Community Foundation of Calgary	(403) 248-2773	Calgary (P)
North Calgary Christian Academy Foundation	(403) 282-3405	Calgary (P)

Prince of Peace Lutheran Church of Calgary	(403) 285-2288	Calgary (P)
Renert Limited	(403) 974-8600	Calgary (P)
Renfrew Educational Services	(403) 291-5038	Calgary (P)
Rundle College Society	(403) 291-3866	Calgary (P)
The Calgary Jewish Academy	(403) 253-3992	Calgary (P)
The Canadian Montessori Association	(403) 252-3281	Calgary (P)
The Timothy Centre for Scholarship Ltd.	(403) 230-0702	Calgary (P)
The Western Canadian District of the Christian Missionary Alliance	(403) 265-7900	Calgary (P)
Third Academy International 51715273	(403) 288-5335	Calgary (P)
Truth Church of Calgary	(403) 289-7570	Calgary (P)
Webber Academy	(403) 277-4700	Calgary (P)
West Island College Society of Alberta	(403) 255-5300	Calgary (P)
A Spoonful of Sugar Early Childhood Education	(403) 251-5411	Calgary (ECS)
Ability Society of Alberta Assistive Technology with Disabilities	(403) 262-9445	Calgary (ECS)
Bearspaw Pre-School Society	(403) 239-4040	Calgary (ECS)
Bragg Creek Education Services Association	(403) 949-3939	Bragg Creek (ECS)
Child's Way E.C.S. Association	(403) 233-8024	Calgary (ECS)
Children's Education Society	(403) 262-9999	Calgary (ECS)
Churchill Park Family Care Society	(403) 297-4998	Calgary (ECS)
Coral Springs Child Care Society	(403) 285-2467	Calgary (ECS)
Dalhousie Community Association	(403) 288-1050	Calgary (ECS)
E.C.S. Learning Association of Calgary	(403) 652-1503	Calgary (ECS)
Edelweiss Preparatory School Society	(403) 210-3456	Calgary (ECS)
Foothills Creative Beginnings Preschool and ECS Association	(403) 239-8072	Calgary (ECS)
Four Directions Foster Parent Association of Calgary	(403) 273-4026	Calgary (ECS)
Glamorgan Comm ECS Institute	(403) 242-8694	Calgary (ECS)
Golden Rule Pre-School E.C.S. Society	(403) 932-5139	Cochrane (ECS)
GRIT Calgary Society	(403) 215-2444	Calgary (ECS)
Highwood Community E.C.S. Association	(403) 289-9329	Calgary (ECS)
Hounsfield Heights Brair Hill Community	(403) 289-7066	Calgary (ECS)
Huntington Hills Community Association	(403) 275-6666	Calgary (ECS)
Irricana E.C.S. Society	(403) 935-4727	Irricana (ECS)
Kathryn Early Childhood Services Society	(403) 935-4588	Kathryn (ECS)
Marlborough Day Nursery Early Childhood Services	(403) 272-3703	Calgary (ECS)
Montessori Education Pre-School and ECS Institute	(403) 255-8664	Calgary (ECS)
Mount Royal College Day-Care Society	(403) 240-6410	Calgary (ECS)
New Heights Early Learning Services Society	(403) 240-1312	Calgary (ECS)
P.A.C.E. Rehabilitation Society for Children with Motor Disabilities	(403) 234-7876	Calgary (ECS)
Playcare ECS Ltd.	(403) 255-9339	Calgary (ECS)
Providence Child Development Society	(403) 255-5577	Calgary (ECS)
Salvation Army Child Village	(403) 246-1124	Calgary (ECS)
The Heartland Agency	(403) 541-0277	Calgary (ECS)
The Prep Program - A Calgary Society to Promote Education for Pre-Schoolers	(403) 282-5011	Calgary (ECS)
The Society for Treatment of Autism (Calgary Region)	(403) 253-2291	Calgary (ECS)
Thornhill Child Care Society	(403) 274-2335	Calgary (ECS)
University Child Care Centre Society	(403) 220-3303	Calgary (ECS)

Westbrook (ECS) Association	(403) 932-6501	Cochrane (ECS)
Westview Baptist Church of Calgary, Alberta	(403) 239-1114	Calgary (ECS)
Woodbine Day Care ECS Association	(403) 281-4997	Calgary (ECS)

REGION 5

Kneehill Christian School	(403) 546-3781	Linden (P)
Old Sun Community College	(403) 734-3862	Siksika (P)
Prairie Bible Institute Act	(403) 443-8030	Three Hills (P)
Cereal Early Childhood Service Association	(403) 326-3757	Cereal (ECS)
Midway E.C.S. Society	(403) 337-2888	Carstairs (ECS)
New Brigden Early Childhood Services Association	(403) 664-2490	Sedalia (ECS)
Youngstown kinder Association	(403) 779-3820	Youngstown (ECS)

REGION 6

Academic Express	(403) 340-1930	Red Deer (P)
Alberta Conference of 7 th Day Adventist Church	(403) 342-5044	Red Deer (P)
Bowden Institution	(403) 227-3391	Innisfail (P)
Canadian University College	(780) 342-5044	College Heights (P)
Central Alberta Christian High School Society	(403) 782-4535	Lacombe (P)
Echo Valley Church of God in Christ Mennonite	(403) 843-4555	Bluffton (P)
Horizon School Committee	(403) 556-6310	Olds (P)
Koinonia Christian School - Red Deer Society	(403) 346-1818	Red Deer (P)
Lighthouse Christian School Society	(403) 887-2166	Sylvan Lake (P)
Living Faith Evangelistic Association	(403) 722-2225	Caroline (P)
Maskwachees Cultural College	(780) 585-3925	Hobbema (P)
Olds Koinonia Christian School Society	(403) 556-4038	Olds (P)
Olds Mountain View Christian School Association	(403) 556-1551	Sundre (P)
Parkland Community Living and Supports Society	(403) 347-3333	Red Deer (P)
Ponoka Christian School Society	(403) 783-6563	Ponoka (P)
The First Step Adult Education Center	(403) 782-5040	Lacombe (P)
The Lacombe Christian School Society	(403) 782-6531	Lacombe (P)
The Rimbey Christian School Society	(403) 843-3904	Rimbey (P)
The Rocky Christian School Society	(403) 845-3516	Rocky Mountain House (P)
Word of Life School Society	(403) 343-6510	Red Deer (P)
Bashaw Early Learning Centre	(780) 372-9092	Bashaw (ECS)
Caroline Early Childhood Centre Committee	(403) 722-3918	Caroline (ECS)
Early Childhood Services of Innisfail	(403) 227-4295	Innisfail (ECS)
Expression's ECS Society East	(403) 346-8706	Red Deer (ECS)
Lotsa Tots Early Childhood Society	(403) 343-8472	Red Deer (ECS)
Mirror ECS Society	(403) 788-3800	Mirror (ECS)
Red Deer College	(403) 357-3600	Red Deer (ECS)
Reed Ranch Limited	(403) 556-2429	Olds (ECS)
Sylvan Lake Kinder-Care Association	(403) 887-5330	Sylvan Lake (ECS)

REGION 7

Cornerstone Christian Academy of Camrose	(780) 672-7197	Kingman (P)
Countryside Christian School	(780) 877-2654	Edberg (P)
Hardisty Early Childhood Services Society	(780) 888-3899	Hardisty (P)
Lakeview Christian School	(403) 742-4389	Stettler (P)
Alliance & District E.C.S. Society	(780) 879-3844	Alliance (ECS)
Bawlf E.C.S. Society	(780) 373-3775	Bawlf (ECS)
Camrose Children's Center	(780) 672-0131	Camrose (ECS)
Castor Early Childhood Society	(403) 882-3300	Castor (ECS)
Clandonald E.C.S. Association	(780) 853-2122	Clandonald (ECS)
Dewberry Early Childhood Parents Society	(780) 847-2853	Dewberry (ECS)
Edberg/Meeting Creek ECS Society	(780) 877-2664	Edberg (ECS)
Hay Lakes E.C.S.	(780) 878-3368	Hay Lakes (ECS)
Heisler E.C.S. Association	(780) 889-2189	Heisler (ECS)
Innisfree & District Early Childhood Services Association	(780) 592-3963	Innisfree (ECS)
Kingman-Round Hill Child Development Centre	(780) 662-2039	Round Hill (ECS)
Kitscoty & District Early Childhood Education Kindergarten	(780) 846-2212	Kitscoty (ECS)
Local Advisory Committee for Bluebird Kindergarten	(780) 745-2479	Paradise Valley (ECS)
Lougheed Childhood Services Society	(780) 386-3799	Lougheed (ECS)
Nordic Community E.C.S. Society	(780) 855-3921	New Norway (ECS)
Rosalind Early Childhood Society	(780) 375-3916	Rosalind (ECS)
Sedgewick Early Childhood Centre	(780) 384-2266	Sedgewick (ECS)
Sifton E.C.S. Society	(780) 672-1071	Camrose (ECS)
Strome Early Childhood Services Society	(780) 376-3504	Strome (ECS)
Sunshiners Pre-School Association	(780) 856-2049	Hughenden (ECS)
Tulliby Lake Educational Found	(780) 847-2666	Tulliby Lake (ECS)

REGION 8

Living Waters Christ Academy	(780) 962-3331	Spruce Grove (P)
St. Matthew Evangelical Lutheran Church of Stony Plain, AB	(780) 963-2715	Stony Plain (P)
Marlboro Early Childhood Services Society	(780) 397-2223	Edson (ECS)

REGION 9

Pigeon Lake Regional Early Childhood Services Advisory	(780) 352-0266	Falun (ECS)
Winfield Child Development Association	(780) 682-2288	Winfield (ECS)

REGION 10

Aurora Charter School Ltd.	(780) 930-5502	Edmonton (C)
Education for the Gifted Society of Strathcona County	(780) 467-6409	Sherwood Park (C)
Suzuki Charter School Society	(780) 468-2598	Edmonton (C)
The Boyle Street Service Society	(780) 424-4106	Edmonton (C)
Alberta College	(780) 423-6220	Edmonton (P)
Bosco Homes A Society For Children and Adolescents	(780) 440-0708	Edmonton (P)
Canadian Reformed School Society of Edmonton	(780) 444-6443	Edmonton (P)
Catholic Hungarian Association (Edmonton)	(780) 929-6282	St. Albert (P)
Concordia University College of Alberta	(780) 479-8481	Edmonton (P)
Connections Canada College International	(780) 428-8145	Edmonton (P)

Darul Uloom Al Islamiyah Foundation	(780) 463-8914	Edmonton (P)
Devon Christian School Society (School located in Region 10)	(780) 987-4157	Devon (P)*
Diaspora Communications and Human Resources	(780) 944-0506	Edmonton (P)
Edmonton Academy Society for Learning Disabled	(780) 482-5449	Edmonton (P)
Edmonton Bible Heritage Christian School	(780) 454-3672	Edmonton (P)
Edmonton Islamic School Society	(780) 454-4573	Edmonton (P)
Elves Special Needs Society	(780) 454-5310	Edmonton (P)
Independent Baptist Christian Education Society	(780) 447-4388	Edmonton (P)
Leduc Society for Christian Education	(780) 986-8353	Leduc (P)
Lucy Baker School Society	(780) 848-2568	Warburg (P)
Manning Adult Learning Centre	(780) 472-6052	Edmonton (P)
Meadowlark Christian School	(780) 483-6476	Edmonton (P)
Millwoods Christian School	(780) 462-2627	Edmonton (P)
Progressive Academy Education Society	(780) 455-8344	Edmonton (P)
Solomon Learning Institute Ltd.	(780) 431-1515	Edmonton (P)
St. Luke's Educational Advancement Association	(780) 454-9366	Edmonton (P)
Tempo School	(780) 434-1190	Edmonton (P)
The Canadian Mission Board of the German	(780) 439-3514	Edmonton (P)
The Company of the Cross (Alberta) (School located in Region 10)	(780) 789-4826	Stony Plain (P)*
The Edmonton Lutheran School Society	(780) 474-0063	Edmonton (P)
The Edmonton Society for Christian Education	(780) 476-6281	Edmonton (P)
The Society of Ukrainian Studies of Alberta	(780) 434-6671	Edmonton (P)
Universal Educational Institute	(780) 451-1848	Edmonton (P)
Victory Christian School Society	(780) 413-0322	Edmonton (P)
ABC Head Start Society	(780) 461-5353	Edmonton (ECS)
Beverly Day Care Society & Family Resource Centre	(780) 477-1151	Edmonton (ECS)
Community Day Nursery	(780) 424-3730	Edmonton (ECS)
Community Options - A Society for Children and Families	(780) 455-1818	Edmonton (ECS)
Connect Society DEAF Services	(780) 454-9581	Edmonton (ECS)
Department of Elementary Education University of Alberta	(780) 492-2811	Edmonton (ECS)
Family Linkages Foundation of Alberta	(780) 488-7679	Edmonton (ECS)
First Mennonite Church	(780) 436-1823	Edmonton (ECS)
Glenora Child Care Society	(780) 452-1991	Edmonton (ECS)
Grant MacEwan Community College	(780) 497-4100	Edmonton (ECS)
GRIT Calgary Society	(403) 215-2444	Calgary (ECS)
Jasper Place Child Care Society	(780) 489-2243	Edmonton (ECS)
Londonderry Child Development Society	(780) 473-7960	Edmonton (ECS)
Norwood Child and Family Resource Centre	(780) 471-3737	Edmonton (ECS)
Oliver School Center for Child	(780) 482-2116	Edmonton (ECS)
Primrose Place Family Centre	(780) 469-0663	Edmonton (ECS)
Sherwood Park Kindergarten	(780) 467-5644	Sherwood Park (ECS)
St. Albert Day Care Society	(780) 459-5380	St. Albert (ECS)
St. Peter's Lutheran Kindergarten (Leduc)	(780) 986-5151	Leduc (ECS)
Students' Union of the University of Alberta and	(780) 492-2245	Edmonton (ECS)
Community Day Care Centre Society		
The Franciscan Sisters Benevolent Society	(780) 424-6872	Edmonton (ECS)
West End Day Care Society	(780) 451-5691	Edmonton (ECS)
Young Men's Christian Association	(780) 423-9600	Edmonton (ECS)

REGION 11

Canadian Reformed School Society of Neerlandia	(780) 674-4774	Neelandia (P)
Maranatha Christian Academy Fellowship	(780) 622-2393	Fox Creek (P)
Mayerthorpe Baptist Church	(780) 786-2670	Mayerthorpe (P)
Morinville Christian Fellowship	(780) 939-2987	Morinville (P)
St. James Lutheran Church of Whitecourt	(780) 778-2055	Whitecourt (P)
Blue Ridge Tiny Tots ECS	(780) 648-3938	Blue Ridge (ECS)
Darwell EC Education Services	(780) 892-3233	Darwell (ECS)

REGION 12

Blue Quills Native Education Council	(780) 645-4455	St. Paul (P)
Christian Education Association of Alberta	(780) 998-7044	Fort Saskatchewan (P)
Lakeland Christian School Society	(780) 639-2077	Cold Lake (P)
Saddle Lake Indian Full Gospel School Mission	(780) 636-3736	Saddle Lake (P)
The Life Values Society for Effective Education	(780) 645-4490	St. Paul (P)
Trinity Christian School Association	(780) 594-2205	Cold Lake (P)
Mannawanis Native Friendship Centre	(780) 645-4630	St. Paul (ECS)
The Community Association for Lasting Success	(780) 632-3225	Vegreville (ECS)

REGION 13

Cleardale Mennonite School Society	(780) 685-2176	Cleardale (P)
Grande Prairie and District Society for Christian Education	(780) 539-4566	Grande Prairie (P)
Hillcrest Christian School Society	(780) 539-9161	Grande Prairie (P)
Living Springs Mennonite Church of Hythe	(780) 356-3322	Hythe (P)
Northern Lights School	(780) 351-2242	Spirit River (P)
Berwyn Kindergarten Society	(780) 338-3750	Berwyn (ECS)
Bonanza & District Kindergarten Society	(780) 353-2635	Bonanza (ECS)

REGION 14

Nampa & District Kindergarten Society	(780) 322-3940	Nampa (ECS)
Peace River Kind Society	(780) 624-1445	Peace River (ECS)

REGION 15

Lesser Slave Lake North Country Community Association	(780) 776-2215	Joussard (P)
Slave Lake Koinonia Christian School Society	(780) 849-5400	Slave Lake (P)
South Shore Children's Association	(780) 369-3995	Widewater (P)

REGION 16

Moberly Hall School Society	(780) 743-8409	Fort McMurray (C)
Fort McMurray Christian School Society	(780) 743-1079	Fort McMurray (P)
Renaissance Learning Centre Society	(780) 791-4169	Fort McMurray (P)

REGION 17

High Level Christian Education Society	(780) 926-2360	High Level (P)
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STUDENT HEALTH INITIATIVE — AUTHORITY BOUNDARIES

REGIONAL HEALTH AUTHORITIES AND CHILD AND FAMILY SERVICES AUTHORITIES

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Region 12	Region 13	Region 14	Region 15	Region 16	Region 17	Region 18
Approximation of ways in which boundaries intersect to assist in the formation of the Student Health Partnership.	Chinook R.H.A.	Sun Country C.A.F.S.A.	Headwaters Health Authority	Calgary R.H.A.	Health Authority 5	David Thompson R.H.A.	East Central R.H.A.	Westview R.H.A.	Crossroads R.H.A.	Capital Health Authority	Aspen R.H.A.	Lakeland R.H.A.	Midland R.H.A.	Peace R.H.A.	Kamewebuck Lakes R.H.A.	Northern Lights R.H.A.	Northwestern Health Services Region	Male Settlements C.A.F.S.A.
SCHOOL AUTHORITIES																		
Aspen View Regional Division No. 19						X	X				X	X						
Battle River Regional Division No. 31								X	X	X								
Black Gold Regional Division No. 18							X											
Buffalo Trail Regional Division No. 28																		
Calgary Roman Catholic Separate School District No. 1				X														
Calgary School District No. 19				X														
Canadian Rockies Regional Division No. 12																		
Chinook's Edge School Division No. 73			X		X	X												
Christ the Redeemer Catholic Separate Regional Division No. 3			X		X		X											
Clearview School Division No. 71																		
East Central Alberta Catholic Separate Schools Regional Division No. 16							X											
East Central Francophone Education Region No. 3																		
Edmonton Catholic Regional Division No. 40										X		X						
Edmonton School District No. 7										X		X						
Elk Island Catholic Separate Regional Division No. 41										X								
Elk Island Public Schools Regional Division No. 14							X			X								
Evergreen Catholic Separate Regional Division No. 2								X		X								

January 2000. Please review and advise Verlie Gilligan Provincial Student Health Coordinator@ Phone: (780) 427-3429, toll-free by dialling 310-0000/Fax: (780) 422-2039 of errors or emissions.

STUDENT HEALTH INITIATIVE — AUTHORITY BOUNDARIES

REGIONAL HEALTH AUTHORITIES AND CHILD AND FAMILY SERVICES AUTHORITIES																																			
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Region 12	Region 13	Region 14	Region 15	Region 16	Region 17	Region 18																	
Approximation of ways in which boundaries intersect to assist in the formation of the Student Health Partnership.	Chinook R.H.A.	Sun Country C.A.F.S.A.	Palliser Health Authority	Southeast Alberta C.A.F.S.A.	Headwaters Health Authority	Windsong C.A.F.S.A.	Calgary R.H.A.	Calgary Rocky View C.A.F.S.A.	Health Authority 5	Region # 5 C.A.F.S.A.	David Thompson R.H.A.	Diamond Willow C.A.F.S.A.	East Central R.H.A.	Ribstone C.A.F.S.A.	Westview R.H.A.	West Yellowhead C.A.F.S.A.	Crossroads R.H.A.	Keystone C.A.F.S.A.	Capital Health Authority	Macleod Capital Region C.A.F.S.A.	Aspen R.H.A.	Saskatoon (Woodlands) C.A.F.S.A.	Lakeland R.H.A.	Saskatoon Area C.A.F.S.A.	Melville R.H.A.	Region #13 C.A.F.S.A.	Peace R.H.A.	Region #14 C.A.F.S.A.	Kennebec/Lakes R.H.A.	Negeen Awestask C.A.F.S.A.	Northern Lights R.H.A.	Region #16 C.A.F.S.A.	Northern Health Services Region	Region #17 C.A.F.S.A.	Macleod Settlements C.A.F.S.A.
SCHOOL AUTHORITIES																																			
Foothills School Division No. 38			X																																
Fort McMurray Roman Catholic Separate School District No. 32																																			
Fort McMurray School District No. 2833																																			
Fort Vermilion School Division No. 52																																			
Golden Hills Regional Division No. 15																																			
Grande Prairie Roman Catholic Separate School District No. 28																																			
Grande Prairie School District No. 2357																																			
Grande Yellowhead Regional Division No. 35																																			
Grasslands Regional Division No. 6																																			
Greater St. Albert Catholic Regional Division No. 29		X																																	
High Prairie School Division No. 48																																			
Holy Family Catholic Regional Division No. 37																																			
Holy Spirit Roman Catholic Separate Regional Division No. 4	X																																		
Horizon School Division No. 67	X		X																																
Lakeland Roman Catholic Separate School District No. 150																																			
Lethbridge School District No. 51	X																																		

STUDENT HEALTH INITIATIVE — AUTHORITY BOUNDARIES

REGIONAL HEALTH AUTHORITIES AND CHILD AND FAMILY SERVICES AUTHORITIES

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Region 12	Region 13	Region 14	Region 15	Region 16	Region 17	Region 18
Approximation of ways in which boundaries intersect to assist in the formation of the Student Health Partnership.	Chinook R.H.A.	Paliser Health Authority	Headwaters Health Authority	Calgary R.H.A.	Health Authority 5	David Thompson R.H.A.	East Central R.H.A.	Westview R.H.A.	Crossroads R.H.A.	Capital Health Authority	Aspen R.H.A.	Lakeland R.H.A.	Maitland R.H.A.	Pacific R.H.A.	Kawartha Lakes R.H.A.	Northern Lights R.H.A.	Northern Health Services Region	Metropolitan C.F.S.A.
SCHOOL AUTHORITIES																		
Living Waters Catholic Regional Division No. 42	X		X					X			X				X			
Livingstone Range School Division No. 68							X											
Lloydminster Catholic							X											
Lloydminster Public																		
Medicine Hat Catholic Separate Regional Division No. 20		X																
Medicine Hat School District No. 76		X																
North Central Francophone Education Region No. 4																		
Northern Gateway Regional Division No. 10																		
Northern Lights School Division No. 69																		
Northland School Division No. 61																		
Northwest Francophone Education Region No. 1																		
Paliser Regional Division No. 26	X																	
Parkland School Division No. 70			X															
Peebles River School Division No. 10																		
Peebles Wapiti Regional Division No. 33																		
Pembina Hills Regional Division No. 7																		

STUDENT HEALTH INITIATIVE — AUTHORITY BOUNDARIES

REGIONAL HEALTH AUTHORITIES AND CHILD AND FAMILY SERVICES AUTHORITIES

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Region 12	Region 13	Region 14	Region 15	Region 16	Region 17	Region 18															
Approximation of ways in which boundaries intersect to assist in the formation of the Student Health Partnership.	Chinook R.H.A.	Sun Country C.A.F.S.A.	Palliser Health Authority	Headwaters Health Authority	Windsong C.A.F.S.A.	Calgary R.H.A.	Calgary Rocky View C.A.F.S.A.	Health Authority 5	Region # 5 C.A.F.S.A.	David Thompson R.H.A.	Denmore Willow C.A.F.S.A.	East Central R.H.A.	Redstone C.A.F.S.A.	Westview R.H.A.	West Yellowhead C.A.F.S.A.	Crowsnest R.H.A.	Keystone C.A.F.S.A.	Capital Health Authority	Ma Howe Capital Region C.A.F.S.A.	Aspen R.H.A.	Saskatoon (Woodstock) C.A.F.S.A.	Lakeland R.H.A.	Saskatoon Asky C.A.F.S.A.	Midvale R.H.A.	Peace R.H.A.	Region #14 C.A.F.S.A.	Keewatinok Lakes R.H.A.	Neogen Awestask C.A.F.S.A.	Northern Lights R.H.A.	Region #16 C.A.F.S.A.	Northwestern Health Services Region	Region #17 C.A.F.S.A.	Metis Settlements C.A.F.S.A.
SCHOOL AUTHORITIES																																	
Prairie Land Regional Division No. 25																																	
Prairie Rose Regional Division No. 8																																	
Red Deer Catholic Regional Division No. 39																																	
Red Deer School District No. 104																																	
Rocky View School Division No. 41																																	
St. Albert Protestant Separate School District No. 6																																	
St. Paul Education Regional Division No. 1																																	
St. Thomas Aquinas Roman Catholic Separate Regional Division No. 38																																	
Sturgeon School Division No. 24																																	
Westwind School Division No. 74																																	
Wetaskiwin Regional Division No. 11																																	
Wild Rose School Division No. 66																																	
Wolf Creek School Division No. 72																																	